UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF SCIENCE & TECHNOLOGY

DEPARTMENT OF BIOLOGICAL & CHEMICAL SCIENCES

APPLICATION FOR RESEARCH PROJECT

NAME: _____ **STUDENT ID NO:** _____

RESEARCH PROJECT APPLIED FOR: -

BIOL3990 ◉ BIOC3990 ○ CHEM3950 ○ CHEM3955 ○ MIRC3990 ○

ENSC3020 ○ ENSC3900 ○ ECOL3990 ○ BIOC3290 ○

PROJECT CHOICES: -

FIRST CHOICE	
Supervisor:	
Project Title:	
SECOND CHOICE	
Supervisor:	
Project Title:	

Signature_____ **Date**_____

FOR DEPARTMENTAL USE

ACCEPTED FOR: 1st Choice ☐ 2nd Choice ☐

STUDENT HAS NECESSARY PRE-REQUISITES: Yes ☐ No ☐

COMMENTS:

RECEIPT NO: (For Summer Only) _____

APPROVAL: _____ _____

Course Co-ordinator **Head of Department**