Department of Human Health and Nutritional Sciences

HK*4230 Advanced Study in Human Biology and Nutritional Sciences HK*4360 Research in Human Biology and Nutritional Sciences HK*43712 Research in Human Biology and Nutritional Sciences

This form must be completed **prior** to requesting a signature on the course waiver form (*instructor consent is required for registration in any of the above listed courses*).

Detailed course descriptions can be found on our departmental website at: http://www.uoguelph.ca/hhns/Undergraduate/Courses.html

Name:		ID #:				
U of G Email address:						
Major:	Current Sem	ester:				
Signature:		_				
Do you have the required prerequ	isite of 12.00 cre	edits?			Yes	No
Semester and Year course will be	taken:	Spring	Fall	Winter		20
Intended course: HK*4230 (Lit Re	ev) HK*4360 (Research Proje	ect) H	IK*43712	2 (Rese	earch Project)
TO BE COMPLETED BY FACUL	TY ADVISOR:					
Is the proposed lit review/project r Indicate which of the following 5 a					Yes	No
Nutrition / nutraceutical sciences / nutrigenomics Physiology / metabolism / g Exercise Physiology / Performance Biomechanical / neural / mo Biomedical						
For Research Projects Only:						
Does this project involve actual hands-on experience in a lab, field or other research env						vironment? No
Does this project involve <u>only</u> the analyses of data already collected? Yes Does the proposed project involve the use of animal or human subjects? Yes If yes, has the necessary ethical approval been, or will be obtained? Yes						No No No
If ethical approval is not yet in place required approval not be obtained		•		nt's proje	ect sho Yes	uld the No
Name:		Dept.:				-
Signature:						
Please return this form to the cour Science/Nutrition Bldg.	rse coordinator,	Dr. David J. Dy	ck, Rm	345 Aniı	mal	

**** remember to bring a course waiver form with you, for signature ****
(available at Registrarial Services, 3rd floor, UC or online)