**PCL297H1 BALLOT FORM**

**APPLICATION TO ENGAGE IN PCL297H1**

**(RESEARCH EXPERIENCE IN PHARMACOLOGY & TOXICOLOGY)**

**□** **Fall Term (F) □** **Winter Term (S) □** **Summer (first term) □** **Summer (second term)**

**PLEASE NOTE: This form must be returned to the Undergraduate Department of Pharmacology Office. Submission of this form DOES NOT constitute departmental permission to enroll in this course. This form will be forwarded to the Course Coordinators for approval. You will be contacted by e-mail in advance of the session for which you applied regarding whether your application was approved.**

To receive permission to enroll in a project course, the appropriate ballot form completed and signed by you and your project supervisor, must be emailed to undergrad.pharmtox@utoronto.ca by the deadline for registration stated in the Arts & Science registration handbook. Ballot forms will be reviewed for approval as they are received. *It is advisable to submit this form at least two weeks before the academic session begins to ensure timely registration in safety training programs and the receipt of specific course information.* Once approval for enrollment has been granted, you will be notified by the Department of Pharmacology and you will be enrolled in the course by the Undergraduate Program Coordinator (i.e., you cannot enroll directly through ACORN). Please note that students may not be enrolled immediately following acceptance into the course as ACORN has certain time periods for allowed data entry.

**PLEASE PRINT LEGIBLY and COMPLETE ALL SECTIONS OF THIS FORM**

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Last Name, Given Names (as on records)

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Mailing Address

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Postal Code Telephone Number E-mail Address

What program are you currently registered in?

What year are you currently enrolled in?

Subject Posts in which you are currently registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken a research project course before? yes no If yes, please list the course number and describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked with this supervisor before? yes no volunteer paid work

I have agreed with the undersigned Research Project Supervisor to engage in a 2nd-year Research Project Course during the specified academic session. I will inform the Department of Pharmacology if any information on this ballot form changes before I complete this course.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student College Student Number

**TO BE COMPLETED BY PROSPECTIVE SUPERVISOR**

**I have agreed to accept the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the PCL297H1 Research Experience in Pharmacology & Toxicology Project Course under my supervision.**

**I understand that the student must receive a grade of Pass/Fail. The following is a brief description of the project**

**□** **Fall Term (F) □** **Winter Term (S) □** **Summer (first term) □** **Summer (second term)**

**(This part *must* be filled out.)**

**Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I require the student to take the following training courses in connection with this project:**

⁭ **Radiation Training. My license number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

⁭ **Biosafety Lecture.**

⁭ **Animal Care Training. The animal(s) involved is/are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Name of Supervisor (please print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number Supervisor’s Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address**