

ANA 498Y1 Ballot Form

Name	
Student Number	
Phone Number	
UToronto Email	
College	
Program	
Supervisor	
Supervisor's Email	
Project Title	
Description of Research <small>(If your proposed supervisor is not on the Participating Labs list you must submit a paragraph describing the research project which will be reviewed by the Course Director. They will determine the eligibility of the proposed research for the ANA498Y1 credit)</small>	
Session	
Supervisor Signature	

Please send form to anatomy@utoronto.ca

Divisional Use Only:

Approved		CMR Sent	
Enrolled Div		CMR Enrolled	
Emailed		Emailed	
Overload		Dropped	