

Winter 2020



University of British Columbia
Faculty of Land and Food Systems
 Applied Animal Biology Practicum:
 APBI 497 (2-6 Credits) Application Form

Internal use only

Date Registration Submitted

Student Name:

Student Number:

Credit Level : 2 (A) 3 (B) *Standard* 4 (C) 5 (D) 6 (E) *Standard*

Term 1 (Sept to Dec) Term 2 (Jan to April) Term 1 & 2 (Sept to April)

Start Date:

End Date:

Directed Studies Topic:	
Academic Supervisor (Must be APBI faculty)	
Research Supervisor (if applicable)	
Name of Partner Organization and Contact Name (if applicable)	
Affiliated Research Centre (if applicable):	<input type="checkbox"/> UBC Farm <input type="checkbox"/> UBC Dairy Centre <input type="checkbox"/> UBC Wine Research Centre <input type="checkbox"/> Centre for Comparative Medicine <input type="checkbox"/> Other _____

Section A – To be completed by all registrants

Yes	No	The student has reviewed the content of the Course Syllabus with the Thesis Academic Supervisor and the Research Supervisor (where applicable). Available at: https://courses.landfood.ubc.ca/lfscourses/
Yes	No	Prior to registration the student and Academic Supervisor have developed a project proposal summary which includes: 1) Research Goals; 2) Learning objectives, 3) Work Involved, 4) Outcomes / Output, 5) Assessment criteria. I have attached my proposal to this registration form.
Yes	No	Prior to registration, the student and Academic Supervisor have reviewed the necessary ethics requirements and agree to complete ethics trainings (as required)

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Yes	No	I understand that the work to be undertaken throughout the duration of APBI 499 is to be remote work only unless previously approved by the APBI Program Director. This includes, but is not limited to, no in-person meetings and no on-site work. I agree that I understand the requirement for remote-work only unless approved by the APBI Program Director and agree to abide by this requirement for the duration of the course.
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Section B – To be completed by registrants seeking in person research activities

Yes	No	I have reviewed the “Return to Research” Safety Protocol prepared by the Academic Supervisor and agree to abide by the requirements outlined therein. A copy of the safety protocol is included in this registration package.
Yes	No	If my research is to be undertaken at an external partner organization, I have reviewed that partner organization’s safety protocol. A copy of the safety protocol is included in this registration package.
Yes	No	I understand that should public health conditions change, I may be required to cease all in-person research activities. I have included an alternate plan in my research proposal to complete my work remotely should this occur.

Checklist of attachments:

- Directed Studies Research Plan
- LFS Research Safety Plan (if applicable)
- Partner Organization Safety Plan (if applicable)

Approvals	Electronic Signature	Date
Student		
Academic Supervisor		
Research Supervisor / Second Marker		
APBI Program Director		