

**DEPARTMENT OF MEDICAL GENETICS**  
**PERMISSION TO REGISTER FOR NON-MEDICAL GENETICS STUDENTS**  
**MEDG 448 / 545 / 548**

**Student Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

Course Requested	Terms	Credits	Supervisor's Name	Supervisor's Signature
<b>Graduate Students</b>	<b>2017-2018</b>			
<b>JOURNAL CLUB</b>	<b>WINTER</b>			
<b>MEDG 545</b> sec. 001	<input type="checkbox"/> 1-2	<b>3</b>		
<b>*MEDG 545</b> sec. 003 & 002	<input type="checkbox"/> 2-1	<b>3</b>		
<b>DIRECTED STUDIES</b>	<b>WINTER</b>			
<b>MEDG 548A</b> sec. 004	<input type="checkbox"/> 1-2	<b>3</b>		
<b>MEDG 548B</b> sec. 002	<input type="checkbox"/> 1-2	<b>6</b>		
<b>*MEDG 548C</b> sec. 003 Jan-Apr	<input type="checkbox"/> 2	<b>3</b>		
<b>*MEDG 548A</b> sec. 001 Sept-Dec	<input type="checkbox"/> 1	<b>(3)</b>		
<b>*MEDG 548D</b> sec. 002 Jan-Apr	<input type="checkbox"/> 2	<b>6</b>		
<b>*MEDG 548D</b> sec. 001 Sept-Dec	<input type="checkbox"/> 1	<b>(6)</b>		
	<b>SUMMER</b>			
<b>MEDG 548B</b> sec. 941	<input type="checkbox"/> 1-2	<b>6</b>		
<b>MEDG 548C</b> sec. 941	<input type="checkbox"/> 1-2	<b>3</b>		
<b>Undergraduate Students</b>	<b>2017-2018</b>			
<b>DIRECTED STUDIES</b>	<b>WINTER</b>			
<b>MEDG 448A</b> sec. 001	<input type="checkbox"/> 1	<b>3</b>		
<b>MEDG 448B</b> sec. 003	<input type="checkbox"/> 2	<b>3</b>		
<b>MEDG 448C</b> sec. 002	<input type="checkbox"/> 1-2	<b>6</b>		
	<b>SUMMER</b>			
<b>MEDG 448A</b> sec. 941	<input type="checkbox"/> 1-2	<b>3</b>		
<b>MEDG 448C</b> sec. 941	<input type="checkbox"/> 1-2	<b>6</b>		
<b>MEDG 448D</b> sec. 942	<input type="checkbox"/> 1	<b>3</b>		

- **MEDG 548** is available to non-MEDG graduate students whose supervisors have an appointment in the Department of Medical Genetics.
- **\*January-start MEDG 545 & 548** students: will be registered for two consecutive terms starting term 2 of the current academic year (Jan – Apr) and term 1 of the following academic year (Sept – Dec).
- **MEDG 448** is available to students who have arranged directed studies with supervisors who have appointments in the Department of Medical Genetics.

Email signed permission form to: [medical.genetics@ubc.ca](mailto:medical.genetics@ubc.ca).

Registration Date: \_\_\_\_\_