**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 |
| **Graduate Students** | **2019-2020** |  |  |  |
| **JOURNAL CLUB** | **WINTER** |  |  |  |
| **MEDG 545** sec. 001 | * **1-2** | **3** |  |  |
| ***\*MEDG 545*** *sec. 003 & 002* | * **2-1** | **3** |  |  |
| Directed Studies | **WINTER** |  |  |  |
| *\*MEDG 548C sec. 003 Jan-Apr* | * **2** | **3** |  |  |
| ***\*MEDG 548A*** *sec. 001 Sept-Dec* | * **1** | **(3)** |  |  |
| MEDG 548A sec. 004 Sept-Apr | * **1-2** | **3** |  |  |
| **MEDG 548E** sec. 001 Sept-Apr | * **1-2** | **6** |  |  |
| ***\*MEDG 548D*** *sec. 002 Jan-Apr* | * **2** | **6** |  |  |
| ***\*MEDG 548D*** *sec. 001 Sept-Dec* | * **1** | **(6)** |  |  |
| MEDG 548B sec. 002 GECN ONLY | * **1-2** | **6** |  |  |
|  | **SUMMER** |  |  |  |
| **MEDG 548B** sec. 941 | * **1-2** | **6** |  |  |
| MEDG 548C sec. 941 | * **1-2** | **3** |  |  |
| Undergraduate Students | **2019-2020** |  |  |  |
| Directed Studies | **WINTER** |  |  |  |
| MEDG 448A sec. 001 | * **1** | **3** |  |  |
| **MEDG 448B** sec. 003 | * **2** | **3** |  |  |
| **MEDG 448C** sec. 002 | * **1-2** | **6** |  |  |
|  | **SUMMER** |  |  |  |
| MEDG 448A sec. 941 | * **1-2** | **3** |  |  |
| MEDG 448C sec. 941 | * **1-2** | **6** |  |  |
| **MEDG 448D** sec. 942 | * **1** | **3** |  |  |

* **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:*