

## Application to the President's Dream Colloquium, Spring 2019

Please return this form to Graduate and Postdoctoral Studies by **November 15, 2018**. Successful students will be notified before course enrollment opens in November. Applications will be accepted until classes start in January if there is still space in the course.

I am applying for the President's Dream Colloquium on HIV: From Cell to Society.

### UNDERGRADUATE STUDENT INFORMATION

First name	Surname
Student number	Email
Department	Degree: <input type="checkbox"/> BA <input type="checkbox"/> BAsC <input type="checkbox"/> BSc <input type="checkbox"/> Other:
<b>Attachments</b> <input type="checkbox"/> Current unofficial SFU transcript is attached <input type="checkbox"/> <b>OR</b> copy of transcript from the institution from which you obtained your most recent degree is attached <input type="checkbox"/> Personal statement answering the following questions: "How will taking this course help you achieve your academic, professional and personal goals?" and "How do these goals relate to learning about making knowledge public?" <i>Please attach your personal statement as a separate sheet of paper, no more than one page in length, with your name and student number at the top. You may also email it to dream@sfu.ca.</i>	
Applicant's signature	Date

### UNDERGRADUATE STUDENT'S HOME DEPARTMENT

The student named above is permitted to apply to be enrolled in the President's Dream Colloquium in Spring 2019. Grading options for undergraduate students will be Pass/Fail. *Administrative questions may be emailed to dream@sfu.ca.*

Please enrol student in:	Course subject <b>INS 897</b>	Hours/Credits <b>5</b>	Section # <b>1</b>	Course title <b>HIV: From Cell to Society</b>
<input type="checkbox"/> Undergraduate Advisor has reviewed this application and confirmed that it will fit into student's graduation requirements				
Undergrad Advisor name		Signature		Date

The signature below affirms that credit will be given towards the student's degree completion requirements.

### Signature of Undergraduate Program Chair, Academic Program Chair, or equivalent faculty/unit representative

Name (please print)	Signature	Date
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### RETURN TO GRADUATE AND POSTDOCTORAL STUDIES

After approval by the department, this form should be returned to Graduate and Postdoctoral Studies at MBC 1100, Burnaby campus, or by email to dream@sfu.ca.