# Application to undertake an **Intercalated Year of Study for the BSc Degree**

# BSc BIOMEDICAL SCIENCE (INTERCALATED) 2018-2019

A student takes a number of courses in departments within the College of Life Sciences which ordinarily offer BSc courses – i.e. four course units equal in content to those taken in each half-session of the third year of the single subject Biological Sciences degree - together with a research project (equivalent to two course units). With the permission of the Head of the Department and the BSc Intercalated Committee, students may choose third year courses offered by those departments in the School of Biological Sciences. In the final examination the student sits the appropriate examination paper for each of the four course-unit papers, and will also submit a report on the research project.

It is also possible to undertake a year’s study in departments that are outside the College of Life Sciences which ordinarily offer BSc courses. In this case students take courses (negotiated and agreed in advance with the relevant department) which would be considered equivalent in standard, weight and examination requirements to those taken by students studying in BSc Biomedical Science (Intercalated) in departments of the College of Life Sciences, and also undertake a research project.

Eligibility for acceptance on the Intercalated Year of Study for the BSc Degree is successful completion of the second or third year of the course for the MBChB and receipt of a satisfactory reference from the Personal Tutor.

# Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Mr, Mrs, Ms, Miss etc) | Enter title. | Surname: | Enter Surname | |
| First name(s): | Click here to enter text. | | | |
| Student ID No: | Click here to enter text. | | | |
| Year of Entry into Medical School: | Year of entry. | Year of Course: (2nd,3rd) | Choose an item. |  |

# Academic Performance

Please list details of your academic record to date

|  |
| --- |
| Click here to enter text. |

# Proposed Courses

Select **one pair** of modules to be taken in each half-session (further details on each individual module can be found at Biological Sciences web page)

|  |  |  |
| --- | --- | --- |
| **SEMESTER 1** | | **Tick** |
| BS3070 MB3001 | Protein Complexes from Cells to MoleculesBiochemical Mechanisms of Human Disease |  |
| BS3000 BS3031 | Evolutionary GeneticsHuman Genetics |  |
| BS3012 BS3068 | Infection and ImmunityMicrobial Biotechnology |  |
| BS3054 BS3055 | Molecular and Cell PharmacologyMolecular and Cellular Neuroscience |  |
| BS3031 BS3054 | Human Genetics Molecular and Cell Pharmacology |  |
| BS3055 BS3064 | Molecular and Cellular Neuroscience Comparative Neurobiology |  |
| **SEMESTER 2** | |  |
| BS3003 BS3010 | Cancer Cell & Molecular Biology Gene Expression |  |
| BS3018 MB3050 | Genes and DevelopmentMedical Genetics |  |
| BS3035 MB3020 | VirologyAdvanced Topics in Medical Microbiology |  |
| BS3056 MB3057 | Cellular Physiology of the Cardiovascular System Understanding Disease: an integrated approach |  |
| BS3003 MB3050 | Cancer Cell & Molecular Biology Medical Genetics |  |
| BS3033 MB3057 | Brain and Behaviour Understanding disease: an integrated approach |  |
| BS3003 MB3057 | Cancer Cell & Molecular Biology Understanding disease: an integrated approach |  |
| Projects will be available in May | | |

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| --- | --- | --- |
| **Signature of Head of Sponsoring Department** |  | **Date:** |
| Print name here |
| **Signature of applicant** |  | **Date:** |

# Declaration

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

|  |  |  |  |
| --- | --- | --- | --- |
| **I agree to the declaration above** |  | **Date:** |  |

**ALL APPLICANTS** should note that the University reserves the right to make without notice changes in regulations, courses, fees etc. at any time before or after a candidate’s admission. Admission to the University is subject to the requirement that the candidate will comply with the University’s registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations from time to time in force.

|  |  |  |
| --- | --- | --- |
| **For Office Use Only** | | |
| **Project Number** | **Project Title** | **Project Co-ordinator’s Signature** |
|  |  |  |

Please send a signed copy together with a reference from your Personal Tutor to:

Sergio Gonzalez Sanchez

Intercalated Administrator

Maurice Shock Medical Sciences Building

[sgs17@le.ac.uk](mailto:sgs17@le.ac.uk)