School of Molecular and Cellular Biology Instructional Program

MCB 290 Credit Request Form
Undergraduate Research in MCB Laboratory
Fall and Spring Form (Use alternate form for Summer)

The purpose of this document is to affirm that both the enrolled student and the research advisor (MCB faculty member or MCB affiliate) understand and agree to the standards for student enrollment in MCB 290. Any questions should be directed to the MCB Instructional Program Office in 127 Burrill Hall; 217.244.6239. Please return completed form to 127 Burrill Hall in order to obtain the CRN. Registration for MCB 290 should be completed by the university deadline for undergraduates to add a full semester course, which is generally the 10th day of class during the fall and spring semesters and the 7th day of class during summer session II.

Student’s Name: __________________________________ Illinois Email: ______________________________

Student UIN (9-Digit UIUC ID#): __________________ Network ID: ________________________________

College: ______________________________ Current Major: _________________________________

Class Standing (Fr, So, Jr, Sr): ______________________ Phone: ________________________________

I understand that I cannot receive monetary payment, or any other type of compensation, for the portion of work for which I am earning course credit. I further certify that I have read and understand all of the information and policies stated on the MCB Undergraduate Research Web site at http://mcb.illinois.edu/undergrad/research.html.

Student’s Signature: ______________________________ Date: ________________________________

For which term and year are you seeking course credit (i.e. FA18 or SP19)? ________________________________

Indicate the number of CREDIT HOURS you intend to sign up for. During fall and spring semesters students are expected to work 5 hrs/week over 16 weeks for 1 credit hour.

Credit Hours Requested (1 credit hour ~ 5 hours/wk in lab) ______________

Faculty Research Advisor’s Name (please print legibly): ________________________________
(must be a tenure-stream faculty member at UIUC)

Faculty Advisor’s Signature: __________________________ Date: ____________________________

Faculty Advisor’s College: ______________________ Faculty Advisor’s Department: ______________________

Faculty Advisor’s Email: ______________________ Office Phone: ______________________

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Term (e.g. FA 18, SP 19): ________________________________

Section: __________________________ CRN: __________________________

Student will need to enter the CRN at the bottom of the Add/Drop Page (Classic Registration) in the Enterprise Self-Service Registration System by the university deadline. It will default to one credit hour. Click on hyperlink to change as needed.

MCB Signature: ______________________________ Processing Date: __________________________