

*School of Molecular and Cellular Biology Instructional Program*  
**MCB 290 Credit Request Form**  
**Undergraduate Research in MCB Laboratory**  
**Summer Form Only**

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 Core Curriculum Office in 252 Davenport Hall; 217.244.6239. Please return completed form to the MCB Core Curriculum Office to obtain the appropriate CRN for registration. **Registration for MCB 290 should be completed by the university deadline for undergraduates to add a full semester course, which is generally the 7<sup>th</sup> day of class during summer session II.**

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Student's Name: \_\_\_\_\_ Preferred 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: \_\_\_\_\_

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For which term and year are you seeking course credit (e.g. FA16 or SP17)? \_\_\_\_\_

Indicate the number of CREDIT HOURS you intend to sign up for. During summer semesters students are expected to work a total of 80 hrs for every 1 credit hour earned (equivalent to 10 hrs/week over 8 weeks).

Credit Hours Requested (1 credit hour – 80 hrs total for summer) \_\_\_\_\_

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Faculty Research Advisor's Name (please print legibly): \_\_\_\_\_

Faculty Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor's College: \_\_\_\_\_ Faculty Advisor's Department: \_\_\_\_\_

Faculty Advisor's Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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**FOR MCB OFFICE USE ONLY**

Term (e.g. FA 16, SP 17, SU 17): \_\_\_\_\_

Section: \_\_\_\_\_ CRN: \_\_\_\_\_

Student will enter the CRN at the bottom of the Add/Drop Page 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: \_\_\_\_\_