

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

The purpose of this document is to inform the School of MCB about the proposed project and to affirm that both the enrolled student and the research advisor (non-MCB faculty member) understand and agree to abide by 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 MCB Core Curriculum Office to obtain the CRN. **Approval of the project must be granted prior to enrollment. Registration for MCB 290 should be completed by the university deadline for undergraduates to add a full semester course, which is generally the 7th 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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1. Submit with this form a detailed description of the proposed research project including the overall aims, the specific methods to be employed, and the role that the student will play in the research undertaking. This description should not exceed 1 page with double spaced type. The description document must be signed and dated by the student and the research advisor. Please attach this document to this completed form.

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2. 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 hours 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) _____

OVER for the 2nd page of the form.

3. Faculty Research Advisor Consent and Agreement

I have read the information contained in this request to enroll and agree to:

- serve as mentor to the student named above in the research project described in the attached description
- certify that the credit hours for which the student requests enrollment is met by their time commitment to the project
- provide MCB with a letter grade for this student at the end of the semester.

The student and I agree on the requirements of this course and the mechanism by which their work will be assessed for a letter grade.

Faculty Research Advisor's Name (please print): _____

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 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: _____
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