

School of Molecular and Cellular Biology Instructional Program
MCB 290/492 Faculty Permission Form For Research Experience in MCB Laboratories

Please provide completed form to MCB Core Curriculum Office (252 Davenport Hall) for CRN.

.....
MCB 290 MCB 492
.....

Student's Name: _____ Preferred Email: _____

Student's Signature: _____ Date: _____

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

College: _____ Curriculum: _____

Class Code (Fr, So, Jr, Sr): _____ Phone: _____
.....

Faculty Research Advisor's Name: _____

Faculty Advisor's Signature: _____ Date: _____

Faculty Advisor's College: _____ Faculty Advisor's Department: _____

Email: _____ Office Phone: _____

Title of Proposed Research Project: _____
.....

FOR OFFICE USE ONLY

MCB 290 MCB 492

Term (e.g. FA 08, SP 09, SU 08): _____ Section _____ CRN _____

MCB Signature: _____ Processing Date: _____