

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.

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MCB 290 MCB 492 Credit Hours Requested (1 credit ~ 5 hours/wk in lab) _____
Note: You should verify with your faculty advisor actual # of hours expected/wk

.....
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: _____

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FOR OFFICE USE ONLY

MCB 290 MCB 492

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

MCB Signature: _____ Processing Date: _____