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 492. MCB 492 can only be taken in a student’s final semester on campus. 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 492 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.

TO BE COMPLETED BY STUDENT

Student Name: ___________________________ Preferred Email: ___________________________

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

College: ___________________________ Current Major: ___________________________

Class Standing (Fr, So, Jr, Sr): ___________________________ Phone: ___________________________

Please mark the appropriate box below.

☐ I wish to submit my thesis for Distinction consideration. I understand that I must have an overall GPA of 3.25 or higher, give at least one poster presentation and meet all deadlines for intent and submission listed online at http://mcb.illinois.edu/undergrad/opportunities/research/#deadlines.

☐ I wish to submit my thesis for a grade and credit in MCB 492 only. I do not wish to be considered for Distinction.

For which term and year are you seeking course credit (i.e. FA16, SP17, SU17)? ___________________________

Indicate the number of CREDIT HOURS (3 to 5) you intend to sign up for below. During fall and spring semesters students are expected to work 5 hrs/week over 16 weeks for every 1 credit hour earned. During the summer semester students are expected to work 10 hrs/week over 8 weeks for every 1 credit hour earned.

Credit Hours Requested (minimum of 3 required) __________________________

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 certify that I have earned a minimum of 2 semesters of MCB 290 credit in the same lab for which I plan to write the senior thesis (a summer MCB SROP can be substituted for 1 semester of MCB 290). 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: ___________________________
School of Molecular and Cellular Biology Instructional Program

MCB 492 Credit Request Form
Senior Thesis in MCB Laboratory
Fall, Spring and Summer Form

TO BE COMPLETED BY RESEARCH LAB P.I.

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: ______________

FOR MCB OFFICE USE ONLY

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

Section: ___________________________ CRN: ___________________________

Student should 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 3 credit hours. Click on hyperlink to change as needed.

MCB Signature: _____________________________ Processing Date: ___________________