

*School of Molecular and Cellular Biology Instructional Program*

**MCB 492 Credit Request Form**  
**Senior Thesis in MCB or Non-MCB Laboratory**  
**Fall, Spring and Summer Form**

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 should 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 10<sup>th</sup> day of class during the fall and spring semesters and the 7<sup>th</sup> day of class during summer session II.**

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TO BE COMPLETED BY STUDENT. Please print legibly. Must be filled out in ink.

Student Name: \_\_\_\_\_ Illinois Email: \_\_\_\_\_  
 Student UIN (9-Digit UIUC ID#): \_\_\_\_\_ Network ID: \_\_\_\_\_  
 College: \_\_\_\_\_ Current Major: \_\_\_\_\_  
 Class Standing (Fr, So, Jr, Sr): \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check the appropriate circle below regarding Distinction.**

- I wish to submit my thesis for Distinction consideration. I understand that I must have a minimum overall GPA of 3.25, 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.

**Please indicate the term and year for which you are seeking course credit (i.e. FA16, SP17, SU17) \_\_\_\_\_**

**Please indicate the number of CREDIT HOURS (min. 3, max 5) you intend to register 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 summer semesters students are expected to work 10 hrs/week over 8 weeks for every 1 credit hour earned. **Credit Hours Requested** \_\_\_\_\_

**Please initial next to each statement below, indicating your agreement and understanding.**

- I certify that I am not receiving 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 credit for MCB 290, 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 understand that should I decide to drop MCB 492, I must check with my ARO to ensure it does not affect graduation.
- I agree to contact Tina Knox in MCB Advising if for any reason I will not graduate this semester.
- I certify that I have read and understand all of the information and policies stated on the MCB Distinction Web site at <http://mcb.illinois.edu/undergrad/opportunities/distinction/>.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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TO BE COMPLETED BY RESEARCH LAB P.I. Please print legibly. Must be filled out in ink.

Faculty Research Advisor's Name: \_\_\_\_\_

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

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

**Please initial next to each statement below, indicating your agreement and understanding.**

I agree to support this student in writing a senior thesis based on his or her research performed in my lab.

I agree to provide a letter of support by the deadlines posted at  
<http://mcb.illinois.edu/undergrad/opportunities/distinction/#deadlines>.

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

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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: \_\_\_\_\_