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 290. Any questions should be directed to the MCB Instructional Program Office in 127 Burrill Hall; 217.244.6239. Please return completed form to 127 Burrill Hall in order to obtain the CRN. **Registration for MCB 290 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.**

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**Student’s Name:** ________________________________  **Illinois 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](http://mcb.illinois.edu/undergrad/research.html).

**Student’s Signature:** ________________________________  **Date:** ________________________________

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**For which term and year are you seeking course credit (e.g. SU19)?** ________________________________

Indicate the number of CREDIT HOURS you intend to sign up for. During summer semesters students are expected to work a total of 80 hrs 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)** ______________

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**Faculty Research Advisor’s Name (please print legibly):** ________________________________

(\textit{must be a tenure-stream faculty member at UIUC})

**Faculty Advisor’s Signature:** ________________________________  **Date:** ________________________________

**Faculty Advisor’s College:** ________________________________  **Faculty Advisor’s Department:** ________________________________

**Faculty Advisor’s Email:** ________________________________  **Office Phone:** ________________________________

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**FOR MCB OFFICE USE ONLY**

**Term (e.g. SU19):** ________________________________

**Section:** ________________________________  **CRN:** ________________________________

*Student will need to enter the CRN at the bottom of the Add/Drop Page (Classic Registration) 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:** ________________________________