MCB 4909 HONORS RESEARCH STUDENT CONTRACT
DEPARTMENT OF MICROBIOLOGY AND CELL SCIENCE

INSTRUCTIONS: Students must be a Microbiology and Cell Science major in the CALS Honors Program and have a minimum GPA of 3.5 in order to enroll in MCB 4909. The student must complete this form in its entirety and obtain the appropriate signatures and then submit the form to the department secretary in 1052 MCSB for registration. Research must be conducted in a research laboratory setting. Clinical research is inappropriate and not permitted. NOTE: Research credit hours may not be utilized for fulfillment of required Microbiology Department elective credit hours. Students may not register for this course if they are receiving any form of financial compensation for the research.

STUDENT NAME: ______________________________     UFID: ______________________________

MAJOR: ___________________________________ COLLEGE: CALS ____________ or CLAS ____________

PHONE NUMBER: ___________________________   UF EMAIL: _____________________________________

Total # of Previous 4905/09 credits: ______ Number of credit hours for this semester: ______

(A maximum of 4 credits per semester is permitted. No more than 4 credits total can be taken summer semester split between Summer A and B or C. (MCB 4905/09 may be repeated for a maximum of 10 credits.)

Semester for registration: Please circle:
Fall     Spring     Summer A     Summer B     Summer C          -          Year: __________

Current estimated UF Overall GPA: ______

Transfer student from community college or other institution (no UF GPA established): ______

Do you intend to write a senior research paper for graduation with magna cum laude (3.75 upper division GPA) or summa cum laude (3.85 upper division GPA)? YES _____ NO_____ Upper division GPA: _________

Research Instructor: ______________________________ Department: _________________________________

(Please Print)

Instructor UFID: _____________________________________

Instructor Telephone: _____________________________ Instructor Email: _______________________________

Brief Description of Research (continue on back, if necessary):

CALS Director, Honors Program: Signature: __________________________________ Date: __________

Student Signature: ____________________________ Date: __________

Instructor Signature: ____________________________ Date: __________

NOTE: The final grade is to be submitted by the instructor to the Microbiology Department when final grades are due the last week of classes at the end of the semester. Please call the department secretary at 392-1906 or e-mail the grade to Janet Gilbert janetgil@ufl.edu

Registered by: ______________________________ Date: __________