

**MCB 4915 CALS HONORS SUPERVISED RESEARCH
UNDERGRADUATE STUDENT/MENTOR 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 4915.** The student must complete this form in its entirety and obtain the appropriate signatures and then submit the form to the academic advisor in room 1047 in 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. Be sure all holds are cleared and you have room on your schedule for the requested credits so that we can register you for this course.**

STUDENT NAME: _____ UFID: _____
(please print)

MAJOR: _____ COLLEGE: CALS _____ or CLAS _____

PHONE NUMBER: _____ UF EMAIL: _____

Total # of Previous 4905/09/4915 credits: _____ Number of credit hours for this semester: _____
(A maximum of **0-3** credits during the Fall, Spring, and Summer C semesters is permitted. No more than **0-1** credit can be taken during Summer A or Summer B. No more than **0-2** credits may be taken Summer C. **MCB 4905/09/4915 may be repeated for a maximum of 06 credits.** Once you max out you can continue to register for 0 credits per semester.)

Semester for registration: please check

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: _____ 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 **S/U** 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. You will be contacted by the academic advisor in the dept. via email for the final S/U grade.

Received: _____ Date: _____ Registered by: _____ Date: _____

Revised 2/2014