

**MCB 4911 SUPERVISED RESEARCH - UNDERGRADUATE STUDENT/MENTOR CONTRACT
DEPARTMENT OF MICROBIOLOGY AND CELL SCIENCE**

INSTRUCTIONS: Students must be a Microbiology and Cell Science major and have a minimum GPA of 3.0 in order to enroll in MCB 4911. The student must complete this form in its entirety each semester of registration and obtain the appropriate signatures and then submit the form to the academic advisor in 1047 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: CLAS _____ or CALS _____

PHONE: _____ UF EMAIL: _____

Total Previous 4905/4911 credits _____ Total Previous research credits in other departments _____

Number of 4911 credit hours to register this semester: _____

(A maximum of 0-3 credits during the Fall and Spring semesters is permitted. One credit hour requires 3 hrs./week in the lab. No more than 0-1 credit can be taken during Summer A or Summer B, and 0-2 credits for Summer C. MCB 4911 may be repeated for a maximum of 06 credits. **ONCE YOU MAX OUT YOU CAN CONTINUE TO REGISTER FOR THIS COURSE FOR 0 credits.**

Semester for registration: (please check one)

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: _____ (this is listed toward the end of your degree audit on ISIS)

Research Instructor Name: _____ Department: _____
(Please print)

Instructor UFID: _____ (Needed for micro dept. to assign your instructor workload.)

Instructor Telephone: _____ Instructor Email: _____

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

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

NOTE: The final S/U grade is to be submitted by the instructor to the Microbiology Department academic advisor when final grades are due the last week of classes at the end of the semester. The advisor will contact you via email for the grade. Date: _____ By: _____ Final Grade: _____ Date: _____ Revised 2/14