

**BSC4914 Section \_\_\_\_\_ ADVANCED INDEPENDENT STUDIES IN BIOINFORMATICS STUDENT  
CONTRACT DEPARTMENT OF MICROBIOLOGY AND CELL SCIENCE (3 credits)**

STUDENT'S NAME \_\_\_\_\_ UFID NUMBER \_\_\_\_\_ MAJOR \_\_\_\_\_  
LOCAL PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_ COLLEGE \_\_\_\_\_

**EXPECTATIONS:** This course is designed for Students who have already completed one semester of BSC 4913 Independent studies in Bioinformatics. Biology mentors can be chosen from across the University of Florida's many biology-related disciplines and can be the same or different from the previous course. Performance will be continuously evaluated through monthly seminars. In addition to the actual research project, students will be required to produce two deliverables. First, a written project proposal is required by the end of the second week of class, detailing the proposed research project. Second, a graded project summary and/or presentation is required at the end of the term. The summary should explain the scientific and technical aspects of the project and present the student's results in a scientific format.

**INSTRUCTIONS:** The student must complete this form in its entirety and obtain the appropriate signature from the Biology advisor and by one of the Bioinformatics advisors, Dr. Valerie de Crécy-Lagard (located in Room 1251) or Dr. Bryan Kolaczowski (located in room 1250) in the Microbiology and Cell Science Building (MCSB) on Museum Road. The choice of the Biology mentor and the project must be approved by at least one of these two Bioinformatics advisors. Once the form is completed and signed, submit the form to the Microbiology Department advisor in Room 1047 for registration.

Biology Research Instructor: \_\_\_\_\_ 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**):

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

Bioinformatics Instructor's Signature:

Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

For official use only:

Date form turned in to Microbiology Department: \_\_\_\_\_

Section: \_\_\_\_\_ Registered by: \_\_\_\_\_ Date: \_\_\_\_\_