MCB 4934 Section 048A 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 MCB4934 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 Kolaczkowski (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 secretary in 1052 MCSB 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 __________________________
Bioinformatic Instructor’s Signature:
Name: ___________________________ Signature: ___________________________ Date __________________________
For official use only:
Date form turned in to Microbiology Department: ______________
Section: ___________ Registered by: ___________________________ Date: __________________________