MCB 4934 Section 0477 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 to provide students with practical, supervised research experience in
the area of bioinformatics and computational biology. Biology mentors can be chosen from across the
University of Florida's many biology-related disciplines and should ultimately reflect the student's interests and
aspirations. Bioinformatics mentorship will come from expert faculty in the Department of Microbiology and
Cell Science. Performance will be continuously evaluated through monthly seminars. In addition to the actual
research project, students will be required to produce two additional 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 chosen 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 Biology mentor and the research project must be approved by at least
one of these two Bioinformatics advisors prior to registration. Once the form is completed and signed, submit
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: ___________________