

**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 Kolaczowski (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: \_\_\_\_\_