INSTRUCTIONS: **Students must have a minimum GPA of 3.5 in order to enroll in MCB 6905.** The student must complete this form in its entirety and obtain the appropriate signatures and then submit the form to the department secretary in 1052 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.**

**STUDENT’S NAME:** ____________________________  **UF I.D. NO.:** ______________

**LOCAL PHONE NUMBER:** ____________________________  **UF E-MAIL:** ____________________________

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**Number of credit hours to register for this semester:** __________

(A maximum of 3 credits during the Fall and Spring semesters is permitted. No more than 2 credits can be taken during Summer A, Summer B, and Summer C. MCB 6905 may be repeated for a maximum of 10 credits.)

Desired semester for registration:

_____ Fall  _____ Spring  _____ Summer A  _____ Summer B  _____ Summer C  _____ Year

Total number of credit hours previously registered in MCB 6905 (if any) __________

Current estimated UF Overall GPA ________  Current estimated UF Upper Division 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 (high honors - 3.75 upper division GPA) or summa cum laude (highest honors - 3.85 upper division GPA)?  _____ YES  _____ NO

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Name of Research Instructor  ______________________________  **Department:** _______________________

(Please Print)

Instructor’s Telephone  ____________________________  Instructor’s E-mail  _______________________

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

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CALS Director, Upper Division Honors Program  ____________________________  **Date:** _______________________

Student’s Signature  ____________________________  **Date:** _______________________

Instructor’s Signature  ____________________________  **Date:** _______________________

**NOTE:** The final grade is to be submitted by the instructor to the Microbiology Department when final grades are due at the end of the semester. Please call the department secretary at 392-1906 or e-mail the grade to janetgil@ufl.edu

Department of Microbiology

**Academic Advisor:** ____________________________  **Date:** _______________________

Registered by: ____________________________  **Date:** _______________________

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Revised 07/10