Microbiology Majors only
Closed Section Request Form for Department core and elective courses only
Please submit this form for a course(s) in your major that you cannot register for on your own.

ALL HOLDS ON YOUR RECORD SHOULD BE REMOVED PRIOR TO SUBMITTING THIS FORM.

Course(s) Name: ____________ ____________ Semester requested _______
Course Instructor: (if known) ____________________________________________

Please Print
Last Name: _______________ First Name: ___________ UFID #: ______________________
UF Email: __________________@ufl.edu Phone: (___) __________________
College: __________________________

Current class status (circle one): freshman sophomore junior senior masters/PhD Non-degree
Date of Graduation: Semester ________________ Year ________________

Check appropriate courses completed with final grade

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<th>Check if completed</th>
<th>Course</th>
<th>Final Grade</th>
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Office Use Only
Date/Time turned in to office: Section registered for: By: ________ Date: __________ By: ________

Check one or more options: Why are you taking this course?
- Course meets core requirement for my degree. I did not take Pathogens.
- Course meets approved core or department elective requirement for my degree.
- Taking course to complete Genome Certificate.
- Need course for Magna or Summa honors requirement.
- Just taking it as a general elective as an extra course.
- Not required for degree but is a prerequisite for a graduate or pre-health program.
- Other: Explain briefly:

Student Signature: __________________________ Date: __________________________