MCB 4915 CALS HONORS SUPERVISED RESEARCH
UNDERGRADUATE STUDENT/MENTOR CONTRACT
DEPARTMENT OF MICROBIOLOGY AND CELL SCIENCE

INSTRUCTIONS: Students must be a Microbiology and Cell Science major in the CALS Honors Program and have a minimum GPA of 3.5 in order to enroll in MCB 4915. The student must complete this form in its entirety and obtain the appropriate signatures and then submit the form to the academic advisor in room 1047 in 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. Be sure all holds are cleared and you have room on your schedule for the requested credits so that we can register you for this course.

STUDENT NAME: ___________________________ UFID: ___________________________
(please print)
MAJOR: ___________________________ COLLEGE: CALS ___________ or CLAS ___________

PHONE NUMBER: _________________________ UF EMAIL: _________________________

Total # of Previous 4905/09/4915 credits: _______ Number of credit hours for this semester: _______
(A maximum of 0-3 credits during the Fall, Spring, and Summer C semesters is permitted. No more than 0-1 credit can be taken during Summer A or Summer B. No more than 0-2 credits may be taken Summer C. MCB 4905/09/4915 may be repeated for a maximum of 06 credits. Once you max out you can continue to register for 0 credits per semester.)
Semester for registration: please check
Fall ☐ Spring ☐ Summer A ☐ Summer B ☐ Summer C ☐ - Year: ___________

Current estimated UF Overall 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 (3.75 upper division GPA) or summa cum laude (3.85 upper division GPA)? YES _____ NO _____ Upper division GPA: _______

Research Instructor: ___________________________ Department: ___________________________
(Please Print)
Instructor UFID: ___________________________ Telephone: ___________________________
Instructor Email: ___________________________

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

_______________________________
CALS Director, Honors Program: Signature: ___________________________ Date: ___________

_______________________________
Student Signature: ___________________________ Date: ___________

_______________________________
Instructor Signature: ___________________________ Date: ___________

NOTE: The final S/U grade is to be submitted by the instructor to the Microbiology Department when final grades are due the last week of classes at the end of the semester. You will be contacted by the academic advisor in the dept. via email for the final S/U grade.

Received: ________ Date: ____________ Registered by: ________ Date: ____________

Revised 2/2014