**UNDERGRADUATE RESEARCH CONTRACT**

**Step 1:** Student completes the info in the box below

Name ___________________________   Student ID ___________________________

Email ___________________________   Major ___________________________

**Step 2:** Student takes form to BioAdvise office (SCA 203) for eligibility confirmation. May need to drop off and return in 24 hours to pick up form. This should be completed BEFORE approaching a Research Advisor.

Student is eligible to participate in research for departmental credit by having USF GPA > 3.0, and Bio Major GPA >3.0, and 60+ hours of completed coursework. **YES** or **NO**

BioAdvise Rep Initials _________   Dept Stamp _________   Date _________

**Step 3:** If not eligible, do not complete the rest of this form. If eligible, take form to CMMB Faculty Member who has agreed to act as your Research Advisor.

**Please follow instructions on CMMB Undergraduate Research Website:** The students should look at the CMMB faculty research interests (Faculty Research Interests & Open Positions) and find a laboratory of interest. If open positions are available, the candidate should next determine whether they have fulfilled the course requirements. In addition to these requirements, there may be additional safety training sessions that the student will need to attend prior to joining the laboratory (please see Faculty Table). The candidates should next contact the faculty by e-mail to make an appointment while submitting an unofficial copy of their transcripts, their resume, and career goals.

*Complete the following information on the back of this page together with your mentor.*

01/2010
After completing the information on the front of this page please complete the following information on this page together with your mentor.

**Research Credit:** BSC 4910 OR MCB4905  
Credit Hours: ______
(See your advisor for how these hours will apply to your major)

**Research Semester**
- [ ] Fall  
- [ ] Spring  
- [ ] Summer-A  
- [ ] Summer-B  
- [ ] Summer-C

**Year** 20___

**Research Requirement**
- [ ] Paper  
- [ ] Exam  
Estimated Contact Hrs/Wk ____________

**Research Description/Comments:** ____________________________________________

______________________________________                   ______________

Student’s Signature                   Date

Department of CMMB                   Date
Research Advisor Signature

**Step 4:** Completed form must be submitted to BSF221. The department will assign a CRN (course reference number) and grant student a permit to register for the course. Student MUST register themselves for the course.

Approved As: CRN ____________________  
CMMB Rep Initial/Date ________