



**Department of Integrative Biology**  
**Application for IB 99/199: Supervised Independent Undergraduate Research**

**IB 99/199: Supervised Independent Undergraduate Research** is intended for undergraduates who are involved in a research lab.

**INSTRUCTIONS:** Complete application and project summary, then return to IB Undergraduate Student Services Office (USSO, 3060 VLSB) to receive the CCN. *The deadline is Friday of the 5<sup>th</sup> week of classes.*

**CREDIT:** The course is graded Pass/Not Pass. The student may earn 1-4 units of credit (1 unit = 3 hours/wk). Credit for IB 99/199 may not be applied towards IB upper division elective units. The student may repeat this course, but no more than 16 units of 98, 99, 197, 198, or 199 credit may be applied to the degree.

**ELIGIBILITY for IB 99:**

Have fewer than 60 units (including AP credit)  
 Have at least a **3.4 GPA**

**ELIGIBILITY for IB 199:**

Have at least 60 units (including AP credit)  
 Have at least a **2.0 GPA**

**SPONSORSHIP of IB 99/199:** The IB 99/199 courses must be sponsored by a UCB faculty member, but the research may be in any biology lab.

**Semester:** \_\_\_\_\_ **IB 99 or IB 199 (please circle)** **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **SID#:** \_\_\_\_\_

**Print PI Name:** \_\_\_\_\_

**Print IB Faculty Sponsor Name (if applicable):** \_\_\_\_\_

**IB Major Track (please circle):**            EEOB                                    HUMBIO

**Status:** Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

\*Students must have at least 60 total units (including AP credit) on their transcript to have junior standing.

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SUMMARY OF PROJECT:** Please attach a half-page (double-spaced) description of your project (if applicable) and your responsibilities while working in the lab.

**Student's Signature:** \_\_\_\_\_

By signing, I recognize that I must complete the lab responsibilities.

**PI Signature:** \_\_\_\_\_ **PI Email:** \_\_\_\_\_

By signing, I recognize that this student will receive 1-4 units of Pass/No Pass credit for IB 99/199 research in my laboratory.

**UCB Faculty Sponsor (non-UCB labs):** \_\_\_\_\_ **Sponsor Email:** \_\_\_\_\_

By signing, I agree to sponsor this student pursuing 1-4 units of IB 99/199 credit in non-UCB lab. I agree to record the final Pass/No Pass grade in consultation with the PI.

For Departmental Use:

IB GPA: \_\_\_\_\_ CCN: \_\_\_\_\_ SECTION #: \_\_\_\_\_

TOTAL UCB EARNED UNITS: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_