**Instructions:** Please supply the following information to obtain the course control number for MCB 99 or 199. The deadline to submit this form and add this course is the final add/drop deadline. **CCN’s will not be distributed to students who do not have all the proper signatures and who do not have a summary completed.** Consider the following information when completing your request.

- MCB 99/199 must be sponsored by an MCB faculty member, though the research may be in any appropriate lab.
- You may receive 1 unit of credit for every 3 hours of work per week in the lab, up to a maximum of 4 units per semester.
- You may not receive MCB 199 credit and simultaneously be on payroll for research done in the same lab. (Some exceptions are made for students receiving research grants, please talk to an advisor for more information.)
- Admission to MCB 99 requires a minimum GPA requirement of 3.0 in fewer than 60 units and is restricted to P/NP grades.
- Admission to MCB 199 requires a minimum GPA requirement of 2.0, junior or senior level standing (at least 60 units), and is restricted to P/NP grades.
- For more information about research, please visit the MCB website at [http://mcb.berkeley.edu/underrad/](http://mcb.berkeley.edu/underrad/).

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<tr>
<th>STUDENT NAME</th>
<th>MCB 99 OR 199</th>
<th># OF UNITS</th>
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<td>SID</td>
<td>MAJOR/EMPHASIS</td>
<td>SEMESTER/YEAR</td>
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**STUDENT EMAIL ADDRESS**

**LAB PRINCIPAL INVESTIGATOR**

**PI EMAIL**

**DEPARTMENT AND LOCATION OF LAB (EX. MCB AT UCB, NEUROBIOLOGY AT UCSF, ETC.)**

**MCB RESEARCH SPONSOR (IF NON-MCB LAB)**

**MCB RESEARCH SPONSOR EMAIL**

**DESCRIPTION OF PROJECT** (ATTACHED ADDITIONAL PAGES IF NEEDED)

**STUDENT SIGNATURE** (BY SIGNING, I RECOGNIZE THAT I MUST COMPLETE THE LAB RESPONSIBILITIES)

**LAB PI SIGNATURE** (By signing, I recognize that this student will receive 1-4 units of Pass/No Pass credit for MCB 99/199 research in my lab.)

**MCB FACULTY SPONSOR SIGNATURE** (By signing, I agree to sponsor this student pursuing 1-4 units of MCB 99/199 credit in non-MCB lab. I agree to record the final Pass/No Pass grade in consultation with the PI.)

**TO BE COMPLETED BY UAO STAFF:**

- MCB GPA: ________
- SECTION: ___________
- CCN: _______________
- DATE_ENTERED: _______________
- INITIALS: ___________

**NOTES:** ____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________