DEPARTMENT OF INFECTIOUS DISEASES UNDERGRADUATE THESIS COURSE APPLICATION EFFECTIVE FALL 2019

	st day of drop/add for the semester ase consult the <u>UGA Academic Ca</u> l	when you intend to be enrolled in endar for calendar dates.
Full Name (Last, First, MI)		_ 81#:
UGA E-mail:		Year (1 st , 2 nd , 3 rd , 4 th or 4+):
Major(s):		
READ BEFORE CONTINUING	} :	
	abs of Department of Infectious Diseases	, ,
Consult the <u>UGA Bulletin</u> for cou	urse availability. Thesis courses must be a	t least 3 credit hours.
Semester & Year (write	year in space provided next to the corresp	oonding semester—i.e. Spring 2019):
Fall Sprin	g Summer Thru	Summer Extended
Course Prefix: IDIS	Course Number: 4990R	Credit Hours:
enrolled in. Include the prefix (FIC	ONS 4960H, BIOL 4960H, IDIS 4960H	, etc <i>)</i> :
Students who enroll in a IDIS thes signed title and signature page, and	d exit review. Please see	

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University policy states that students attempting to enroll in 17	hours or more	in a given semester must be cleared to
do so by the Office of the Registrar. IDIS cannot approve a stud sign your name below to indicate you are aware of this require		te than 17 hours in a semester. Type or
Student Signature		Date
Does your research involve human subjects?	Yes	No
Collaborative IRB Training Initiative Course, or CITI, a web trace required for all students working with human subjects. You must application you submit. Visit https://research.uga.edu/hrpp/capplication for any research with human subjects. Please discuss before you start. Type or sign your name below to indicate you	ust submit your iti-training/ for s the procass wi	completion report with every information. You need an approved IRB th your mentor to fulfill this requirement
Student Signature		Date
Does your research involve domestic or international travel?	Yes	No
Students traveling as a function of work done with the universit complete pre-departure steps through their office. Type or sign requirement.		
Student Signature		
The following sections comp		
Every application must include a typed syllabus, signed at the bot Section 1-5 are completed by the faculty mentor. Responses must determined" or any unclear statements.	tom in ink. Ha	ndwritten forms will not be processed.
1. Thesis Proposal:		

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2. Calculate the total number of hours of hour earned. This total reflects all wo		-	•
4 hours X (credit hours for	course) =	hours/week nmer Extended or Thru Sessions.	
		nmer Extended or Thru Sessions. ly related to the completion of the t	hesis.
	dent and	research mentor will meet (i.e. 2x W	
4. List any literature to be reviewed:			
5. Please list due dates. The following da student. Please use MM/DD/YYYY f		nly be adjusted with mutual agreem	ent of thesis director, reader, and
First draft due to mentor: Final draft due to mentor:			
Final Meeting (thesis will be approved an Access is granted after a student's applicate College of Veterinary Medicine. Enter the hallway past the student lobby to the elevable straight towards the window at the thesis requires a director and a reader. The curo.uga.edu/students/thesis-course for	ation is ap prough on vator. Tak far end. P he reader	oproved by IDIS. Submit your applice the entrances on D.W. Brooks Drue the elevator to 3rd floor, make a Uass two intersecting hallways, and Huay be another faculty member or a	ive, turn left, proceed down the J-turn out of the elevator, and 304 is on the right. The IDIS
Student (print)		Signature (required)	Date
Faculty Mentor/Thesis Director (print)	Dept.	Signature (required)	Date
Thesis Reader (print)	Dept.	Signature (required)	Date
IDIS Undergraduate Coordinator(print/	Date		
CRN (to be completed by IDIS):			