

DEPARTMENT OF INFECTIOUS DISEASES UNDERGRADUATE
THESIS COURSE APPLICATION

EFFECTIVE FALL 2019

Application Deadline: last day of drop/add for the semester when you intend to be enrolled in the course. Please consult the [UGA Academic Calendar](#) for calendar dates.

Full Name (Last, First, MI) _____ 81#: _____

UGA E-mail: _____ Year (1st, 2nd, 3rd, 4th or 4+): _____

Major(s): _____

READ BEFORE CONTINUING:

Students conducting research in labs of Department of Infectious Diseases faculty must register for the IDIS prefix.

Consult the [UGA Bulletin](#) for course availability. Thesis courses must be at least 3 credit hours.

Semester & Year (write year in space provided next to the corresponding semester—i.e. Spring 2019):

Fall _____ Spring _____ Summer Thru _____ Summer Extended _____

Course Prefix: IDIS Course Number: 4990R Credit Hours: _____

List all 4960R, 4970R, & 4980R or 4960H, 4970H, & 4980H courses you have previously completed or are currently enrolled in. Include the prefix (HONS 4960H, BIOL 4960H, IDIS 4960H, etc):

Students who enroll in a IDIS thesis course are required to submit to CURO the following PDFs: the approved thesis, signed title and signature page, and exit review. Please see <http://curo.uga.edu/students/thesis-course> for details.

CURO no longer prints bound copies of student theses. **Type or sign your name below to indicate you are aware of this requirement.**

Student Signature _____ Date _____

All students pursuing a course with a BIOL, BCMB, MIBO, or IDIS prefix must submit a copy of their final paper to that department's undergraduate office. Type or sign your name below to indicate you are aware of this requirement.

Student Signature _____ Date _____

IDIS requires a complete application to be submitted before providing access to a course. Major departments may have additional paperwork that must be completed. Students are responsible for the appropriate paperwork. **Type or sign your name below to indicate you are aware of this requirement.**

Student Signature _____ Date _____

DEPARTMENT OF INFECTIOUS DISEASES UNDERGRADUATE THESIS COURSE APPLICATION

2. Calculate the total number of hours devoted to research each week. IDIS requires 4 hours of work for every credit hour earned. This total reflects all work done for the course (i.e. in-lab, readings, meetings, and other assignments).

3 hours X ____ (credit hours for course) = ____ hours/week
Change to 6 hours for Summer Extended or Thru Sessions.

Hours should be spent on work directly related to the completion of the thesis.

3. List how frequently and when the student and research mentor will meet (i.e. 2x Weekly, on Mondays from 1 PM to 2:15 PM and Thursdays from 3:30 PM to 4:00 PM):

4. List any literature to be reviewed:

5. Please list due dates. The following dates may only be adjusted with mutual agreement of thesis director, reader, and student. Please use MM/DD/YYYY format.

First draft due to mentor: _____

First draft due to reader: _____

Final draft due to mentor: _____

Final draft due to reader: _____

Final Meeting (thesis will be approved and signature pages will be signed): _____

Final submission of PDF to IDIS (and major dept. office if applicable): _____

Access is granted **after** a student's application is approved by IDIS. Submit your application to room H304 in the College of Veterinary Medicine or email to jenley11@uga.edu. Enter through one the entrances on D.W. Brooks Drive, turn left, proceed down the hallway past the student lobby to the elevator. Take the elevator to 3rd floor, make a U-turn out of the elevator, and walk straight towards the window at the far end. Pass two intersecting hallways, and H304 is on the right. The IDIS thesis requires a director and a reader. The reader may be another faculty member or a graduate student. See <http://curo.uga.edu/students/thesis-course> for complete details.

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/sign)	Date
--	------

CRN (to be completed by IDIS): _____