

Bio Sci 199 Undergraduate Research Program Packet A - Enrollment Procedures

Deadline: Friday of second week of each quarter

IMPORTANT: If you will be working with Human Subjects and/or in a clinical setting, must complete additional requirements. Please see requirements for Packet B.

MANDATORY: Completion of Bio. 194 Safety & Ethics course prior to enrollment.

Once Bio 199 faculty sponsor is established, must submit Bio 199 research proposal.

1. The Proposal form is on line at: www.bio.uci.edu/bio199
Students will be prompted to supply your UCI Net ID and password to log into the system.
Once complete, click "Submit" and PRINT.
The Proposal must be signed by faculty sponsor and student.
2. Students must sign the Waiver and Release of Liability form

Please submit the signed Bio 199 proposal and the Waiver and Release of Liability form to Biological Sciences Student Affairs Office (Bio Sci III, 3rd floor). The packet is valid for one academic year. Regardless when you start research, Packet A expires at the end of spring quarter. Make a copy of your proposal for your records.

Enroll via WebReg after submitting the packet. The deadline is the second Friday of each quarter.

Quarterly Summary reports:

End of the quarterly summary reports are due on Monday of 10th week. It is electronic submission only. Please go to www.bio.uci.edu/bio199

Questions? Contact: Sherry Ong at sherry.ong@uci.edu
Susana C. Sandoval at scanetts@uci.edu

**WAIVER & RELEASE OF LIABILITY
AND
ACKNOWLEDGMENT OF THE ASSUMPTION OF RISK
199 BIOLOGICAL SCIENCES INDEPENDENT STUDY STUDENTS**

I acknowledge that by enrolling in the 199 Biological Sciences Independent Study course, I may be exposed to a variety of pathogenic viral and bacterial vectors of disease. I further understand that I may be exposed to infectious or contagious diseases resulting from my direct or indirect contact with patients and/or human body fluids. Included in, but not limited to, this exposure are the bacteria or viruses which cause Hepatitis A, B and C, AIDS, measles, mumps, rubella and whooping cough; the mycobacterium causing tuberculosis; the microorganisms causing influenza, conjunctivitis, impetigo; the common cold and lice. Exposure to these infectious agents, and other infectious agents not listed here, could result in illness, disability, morbidity and/or death, the risks of which I am willing to assume and for which I am willing to release The Regents of the University of California and its agents, officers and employees from liability as stated on this document.

I understand it is my personal responsibility to contact a physician if I have any personal or medical concerns regarding my participation in the 199 Biological Sciences Independent Study course. I further understand that I am strongly advised to contact a physician if I have any of the following conditions or am taking any of the following drugs:

- Diabetes
- Organ or tissue transplant
- Cancer
- Chronic infectious disease
- AIDS or HIV positive status
- Any –immunocompromising disease
- Pregnancy
- Steroids
- Chemotherapeutic drugs for cancer
- Any other drugs which impair my immune system

I further understand the above list of conditions, diseases and drugs is not all inclusive, but merely illustrative. As a student, I further understand I am not covered by the worker's compensation program and that were I to incur any illness while enrolled in this course I will not receive any from of compensation.

I agree to release and forever discharge The Regents of the University of California, its officers, agents and employees, both in their individual capacities and by reason of their relationship to The Regents of the University of California from any and all claims and demands whatsoever which I or my heirs, representatives, executors or administrators, have or may have against The Regents by reason of any accident, illness or injury or other consequences however caused, except through negligent or intentional acts or omissions of The Regents of the University of California, Its officers, employees or agents arising or resulting directly or indirectly from my participation in the 199 Biological Sciences Independent Study course for the academic year.

By signing this statement, I acknowledge that I have read and understand the information on these two pages and agree to the conditions contained therein, *including the release of liability against the Regents of the University of California*, and acknowledge the assumption of the risks of participating in the 199 Biological Sciences Independent Study Courses.

Student Signature

Student ID Number

Academic Year

Student Name Printed

Date

Signature of Parent or Guardian for Students under 18 years

Date

Name of Parent or Guardian Printed