

VARIABLE UNIT COURSE CONTRACT
STATISTICS AND BIostatISTICS RESEARCH & SPECIAL STUDY
DEPARTMENT of STATISTICS, University of California, Davis

STUDENTS COMPLETE THIS SECTION

STUDENT NAME: _____ STUDENT ID: _____ E-MAIL: _____

Class Level: _____ Major: _____ (or) Graduate Program: _____

CRN (will be issued upon completion of the contract): _____

ACADEMIC QUARTER: SSI SSII F W S ACADEMIC YEAR: _____

****Return contract to your program coordinator to obtain the CRN and register via SISWeb by the last day to ADD (12th day of instruction of a quarter) ****

(check course work requested)

STA 90X_____	STA 190X_____	STA 298_____	BST 298_____
STA 98_____	STA 192_____	STA 299_____	BST 299_____
STA 99_____	STA 194HA-194HB_____	STA 299D_____	BST 299D_____
	STA 198_____	STA 396_____	
	STA 199_____		

Important Information for Undergraduates: *There are limits on the number of such units that can be counted toward the Bachelor's degree. Please check with your Dean's Office for the specifics. You also may only receive credit for STA 192, 194H, and 199 if you have completed 84 units or more.*

INSTRUCTOR OF RECORD: _____

COURSE PLAN:

Explain work to be undertaken (i.e., subject matter, text, reading, specific responsibilities/duties).

GOALS:

Elaborate on reasons for taking this course and/or projected outcomes of this experience.

QUALIFICATIONS:

List specific courses and/or experiences that enable you to complete this special project.

FACULTY COMPLETE THIS SECTION

RESEARCH (graduates) or SPECIAL STUDY (undergraduates)

Number of units recommended: _____

Arrangements for weekly faculty/student meetings (contact hours):

Day _____ Time _____ Location _____

Total # of Special Study or Research hours the student will complete this quarter: _____

**30 hrs. Of work per 10 week qtr. (or 6 week summer session) = 1 unit academic credit. (UCD Academic Senate Guidelines)

MODE OF INSTRUCTION *(check)*

Discussion _____ Conference _____ Library _____ Fieldwork _____

Other (explain) _____

MODE OF EVALUATION *(check)*

Verbal Examination _____ Written Examination _____ Paper _____ Journal _____

Other (explain) _____

CRITERIA FOR PASSING GRADE *(list below or attach additional sheets of paper if needed)*

I have read this form and approve the student's academic work plan as outlined on this department contract. I will evaluate the academic quality of the student's work and verify the number of hours the student has completed in accord with UCD Academic Senate guidelines for awarding academic unit credit for research and special study course work.

Faculty sponsor's signature Date

Faculty Sponsor's Department *Faculty Sponsor's Phone #* *Faculty Sponsor's Email Address*

I have read this contract (work plan), agree to its terms, and agree to complete the number of hours required to match the number of academic unit credits requested.

Student's signature Date

The Department will retain this form in department files for five years from beginning of current term for possible review by the appropriate college courses committee and the Senate Committee on Courses of Instruction [Davis Division Regulation 532].