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 (circle one): SSI  SSII  F  W  S  ACADEMIC YEAR:___________

Return contract to Statistics Advising Assistant (4118 Mathematical Sciences Building) and 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].

Revised 04/17