

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

**STUDENTS COMPLETE THIS SECTION**

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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 (12<sup>th</sup> day of instruction of a quarter) \*\***

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*(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).

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**GOALS:**

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

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**QUALIFICATIONS:**

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

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## FACULTY COMPLETE THIS SECTION

RESEARCH (graduates) or SPECIAL STUDY (undergraduates)

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Number of units recommended: \_\_\_\_\_

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

Day \_\_\_\_\_ variable \_\_\_\_\_ 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) \_\_\_\_\_ Discussion and Presentations \_\_\_\_\_

### MODE OF EVALUATION (check)

Verbal Examination \_\_\_\_\_ Written Examination \_\_\_\_\_ Paper \_\_\_\_\_ Journal \_\_\_\_\_

Other (explain) \_\_\_\_\_ Research Report and oral presentations \_\_\_\_\_

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

Satisfactory research outcome and final report

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.

_____		10/4/2020
Faculty sponsor's signature		Date
Statistics	530-752-1630	hgmueLLer@ucdavis.edu
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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 03/2020*