

VARIABLE UNIT COURSE (EPI 299) AGREEMENT
GRADUATE GROUP IN EPIDEMIOLOGY

STUDENT NAME: _____ STUDENT ID: _____

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

ACADEMIC QUARTER (*circle one*): F W S ACADEMIC YEAR: _____

**** Return completed agreement to Christi Boyter (cdboyter@ucdavis.edu), obtain the CRN, and register via SISWeb by the last day to ADD (12th day of instruction of a quarter)**

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.

Number of units recommended: _____

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

Frequency (*circle one*): Weekly Biweekly Time: _____ Location: _____

Total # of Research hours the student will complete during the quarter: _____

** 30 hrs of work per 10 week qtr = 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*)

I have read this form and approve the student's academic work plan as outlined in this agreement. 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.

Faculty sponsor's signature _____ Date _____

Faculty sponsor's dept _____ *Faculty Sponsor's Phone #* _____ *Faculty Sponsor's email address* _____

I have read this form and agree to complete the work described and complete the number of hours required to match the number of academic unit credits requested.

Student's signature _____ Date _____