**VARIABLE UNIT COURSE CONTRACT**

**DESIGN PROGRAM, M.F.A.**

The Arts Administrative Group, University of California, Davis

**Students Complete this Section:**

<table>
<thead>
<tr>
<th>Student Name: ___________________</th>
<th>Student ID: ___________________</th>
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</table>

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

Quarter and Year: _____________  Instructor: _________________

Course: _______________________  (___ 198, 199, 298, or 299 and 299D)  
use prefix of Professor’s home department; for Design ladder faculty, use DES

**Return contract to Graduate Advisor in 216 Art Building to 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, readings, papers, research, 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:

Number of Units Recommended: ________________

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
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Total number of Special Study or Research hours the student will complete this quarter: ________________

(30 hours of work per 10 week quarter = 1 unit of academic credit – UCD Academic Senate Guidelines)

Mode of Instruction: Attend Class - Studio Project - Research - Other ________________

Mode of Evaluation: Studio Project - Paper - Presentation - Other ________________

Criteria for passing grade: ________________

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

_________________________  ______________________
Student’s signature  Date

_________________________  ______________________
Graduate Program Chair / Thesis Advisor 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 Regulations 532).