DEPARTMENT OF MATHEMATICS SPECIAL STUDY REQUEST FORM
(98, 99, 192, 194, 197TC, 198, 199; Other________)

INSTRUCTIONS:
• Complete this form in full; A new form is REQUIRED for each quarter.
• Submit completed form to a staff advisor in MSB 1130; Forms must be legible.
• A Course Registration Number (CRN) will be issued to you once the form has been received.
• A minimum completion of 84 units is REQUIRED to undertake an upper-division special study course
  Limitation on most special study courses is a maximum of 5 units per term (exception: courses
  approved as part of the Independent Study Program).

UNIT/HOUR BREAKDOWN:
• Fall, Winter, Spring: 3 hours per week = 1 unit
• Summer Sessions I & II: 5 hours per week = 1 unit

SUBMISSION DEADLINE:
Forms for special study courses will only be accepted during normal course registration periods up
until the last day to add courses in Schedule Builder (i.e., 12th day of instruction).

Student Information:

Full Name (Print)               Student ID          Major
Address:_________________________ Phone:________________________
UCD Email:_____________________  Total Units Completed:_______  Overall GPA:_______

Course Information:

COURSE IDENTIFICATION (98, 99, 192, 194, 197TC, 198, 199; OTHER________):

Department                  Course Number          Section          Units      Quarter/Year

Estimated average student/faculty contact (hours/week):

Estimated enrollment in group study course:

Topic:__________________________

Course Plan: Explain precisely the work to be undertaken (i.e., subject matter, format of
instruction, texts, or reading).
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Please complete reverse side
Grading: Explain criteria for awarding a passing grade.

Your primary instructor, the faculty member charged with overseeing your activities, must sign this form before a CRN is issued. A graduate student, post-doctoral researcher, or temporary instructor cannot serve as your primary instructor.

Student Signature ___________________________ Student Name (Printed) ___________________________ Date ________________

Instructor Signature ___________________________ Instructor’s Name (Printed) ___________________________ Date ________________

This form will be retained in the departmental files for two years from beginning of current term for possible review by the appropriate college courses committee and the Senate Committee on Courses of Instruction.