

**DEPARTMENT OF CHEMISTRY SPECIAL STUDY COURSE REQUEST****CIRCLE ONE: 98, 99, 192, 194\_\_H, 198, 199**

\*If you are requesting CHE197, please fill out the CHE197 form (separate)

**ENROLLMENT INSTRUCTIONS:**

- Complete this form in full; A new form is REQUIRED for each quarter.
- Email completed form to [chemundergrads@ucdavis.edu](mailto:chemundergrads@ucdavis.edu); Forms must be legible.
- A CRN to register will be emailed to you when the form has been processed.
- Request forms cannot be processed unless a **Certificate of Laboratory Safety Fundamentals** has been emailed to [chemundergrads@ucdavis.edu](mailto:chemundergrads@ucdavis.edu)
- A minimum completion of **84 units** is required to undertake an **upper-division** special study course for degree credit. Limitation on most special study courses is a maximum of 5 units per term (exception: honors research courses, which carries 2 units per term).

**UNIT/HOUR BREAKDOWN:**

- Fall, Winter, Spring: 3 hours per week = 1 unit
- Summer Sessions 1 & 2: 5 hours per week = 1 unit

**REGISTRATION DEADLINE:**

Forms for special study courses will only be accepted during normal course registration periods up until the last day to add courses for the quarter (i.e. 20th day of instruction).

\_\_\_\_\_ Student ID \_\_\_\_\_ Major \_\_\_\_\_ Quarter \_\_\_\_\_  
 Full Name (Print)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

UCD Email: \_\_\_\_\_ Total Units Completed: \_\_\_\_ Overall GPA: \_\_\_\_\_

Anticipated Weekly Hours: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

**RELEVANT UPPER DIVISION CHEMISTRY COURSE(S) COMPLETED:**

QUARTER/YEAR	COURSE NUMBER	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CIRCLE COURSE IDENTIFICATION: 98, 99, 192, 194, H, 198, 199;**

\_\_\_\_\_  
Department  
(ex: CHE)

\_\_\_\_\_  
Number  
(ex: 199)

\_\_\_\_\_  
Section

\_\_\_\_\_  
Unit(s)  
(ex: 2)

\_\_\_\_\_  
Quarter/ Year  
(ex: SQ2018)

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

Estimated enrollment in group study course: \_\_\_\_\_  
(How many other students are completing the same special course study with your PI)

Topic: \_\_\_\_\_

Course Plan: Explain precisely the work to be undertaken (i.e., subject matter, format of instruction, texts, or reading).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grading: Explain criteria for awarding a passing grade.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Also, your request form cannot be processed unless a Certificate of Laboratory Safety Fundamentals has been submitted to 111 EVERSON HALL.

\_\_\_\_\_  
**Instructor's Signature**

\_\_\_\_\_  
**Instructor's Name (Printed)**

\_\_\_\_\_  
**Date**

The Department's Undergraduate Advising and Student Affairs Office retains forms in 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.