This form is for Exercise Biology (EXB) and Neurobiology, Physiology & Behavior (NPB) Variable Unit courses (98, 99, 194H, 197T, 197TC, 198, 199).

Complete this form in full (section number and Department Chairperson’s signature will be completed by the department).

A new form is required for each quarter.

Forms should be submitted up to one week before the add deadline.

Leave completed form in the EXB/NPB drop box in 196 Briggs Hall.

The CRN will be emailed to the student within 5 business days.*

*Forms must be legible. It is the student’s responsibility to follow up with the EXB/NPB Instructional Coordinator (dbsmith@ucdavis.edu) if they do not receive their CRN by email within 5 business days.

STUDENT INFORMATION

NAME ____________________________ QUARTER _______ YEAR _______

STUDENT ID ________________________ MAJOR _____________________

UCD EMAIL _________________________ TOTAL UNITS COMPLETED _______

PHONE ____________________________

ANTICIPATED WEEKLY HOURS ___________

INSTRUCTOR’S NAME (printed) ________________________________

Fall, Winter, Spring: 3 hours per week = 1 unit
Summer Sessions I & II: 5 hours per week = 1 unit
REQUEST TO TEACH AN UNDERGRADUATE VARIABLE-UNIT COURSE
(97T, TC; 98, 99, 192, 194H; 197T, TC; 198, 199, Other ________)

INSTRUCTOR: Complete and submit form to department chairperson for approval.

Course Identification:

<table>
<thead>
<tr>
<th>EXB or NPB</th>
<th>Number</th>
<th>Section</th>
<th>Units</th>
<th>Quarter Offered</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

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

Estimated hours student will spend in lab: ____________________________

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.

|                                                                                      |

Student ________________________________________ Major ____________________________

Address ________________________________ Phone ____________________________

Email ____________________________________ Student ID ____________________________

Total number of units completed to date: __________

Other special study courses this quarter: Department ____________________________

Units ________

Concurrent enrollment in EXB or NPB 190C? Yes ________ No ________

(ExB 90C or NPB 91C if lower division)

Remind student that 1) completion of 84 units is required to undertake a 194H or 199 course for degree credit, and 2) the limitation on special study courses (99, 194H, and 199) is 5 units per term (exception: courses approved as part of the Independent Study Program).

Instructor’s Signature ____________________ Instructor’s Name (printed) ________

Date ____________________________

Department Chairperson’s Signature ________ Chairperson’s Name (printed) ________

Date ____________________________

Department chairperson retains form 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.