XX-198, RESEARCH TRAINING COURSE CONTRACT

This course is open to students who are DC (Dietrich College), SHS or BHA majors, double majors, and minors who will be 2nd-semester Freshmen or Sophomores during the semester in which they take this course. Only one xx-198 course may be taken as a Carnegie Mellon undergraduate. This course carries 9 units, which means a work commitment of at least 9 hours per week. To participate in this course, a student must have no less than a 3.0 cumulative QPA (or be approved by petition) at the time this course begins. This course gives elective credit and does not count toward any requirements other than units toward graduation.

Student Name: ________________________________________________    Student ID # ______________________________-_  Student’s Year for semester taking course: ___2nd semester freshman ___1st semester sophomore ___2nd semester sophomore

Student’s CMU mailing address: _____________________________________________       email: _____________________________

Faculty Name: ________________________________________________ Department: _______________________________

Course Number: ______-198 Course Section: _______ Course Units: 9 Semester: Fall or Spring ________

(Dept. #)      (Section)           (circle one) (year)

When this contract is signed by the faculty and student, the student may sign up for the course in the department of the faculty member offering the course by presenting their copy of this contract.

Course Outline/Requirements: _________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Faculty Signature: _________________________________________________  Date: ______/_____/______

Student Signature: _________________________________________________  Date: ______/_____/______

OneCopy for Student    One Copy for Faculty    One Copy for Dietrich College Dean’s Office (BP 154)