



CALIFORNIA STATE UNIVERSITY, SACRAMENTO
 COLLEGE OF BUSINESS ADMINISTRATION
 DEGREE PROGRAMS CENTER
SPECIAL PROBLEMS PETITION

Date Entered _____
Initials _____

NAME _____ SID# _____
 Last First M.I.

ADDRESS _____ PHONE _____
 Street City State ZIP Day Telephone No.

Class Rank (check one): Junior Senior E-mail _____

Degree Objective _____

Check One: ACCY 199
 MGMT 199 A B C D E
 MIS 199
 OBE 199 A B

(Complete Items A through F)

A. Semester of Enrollment _____ Unit Value _____
 1-3 Units

B. Attach a description of the assignment/nature of the research project.

C. Type of report to be submitted by the student to the faculty sponsor:
 Examination Case Analysis Annotated Bibliography
 Research Paper Other (explain) _____

D. Grade option: Letter grade CR/NC _____
 Signature of Faculty Sponsor

E. Submitted by: _____
 Student's Signature Date

F. Secure appropriate signatures in the order listed below:

Printed Name Faculty Sponsor Signature Date

Printed Name Department Chair Signature Date