



California State University, Sacramento
College of Education, Academic & Program Services
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SPECIAL PROBLEMS PETITION

Note: To be registered in this course, this form must be turned in to Eureka 401.
Please have your Faculty /Sponsor sign this form before turning it in for Department Chair approval.

Name:	Student ID #:
Address:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring YEAR _____
	Major/Program: <input type="checkbox"/> CHDV <input type="checkbox"/> DEAF <input type="checkbox"/> EDUC <input type="checkbox"/> EDC <input type="checkbox"/> EDBM <input type="checkbox"/> EDTE <input type="checkbox"/> EDS <input type="checkbox"/> EDLP
Phone:	
Email:	Course: <input type="checkbox"/> 99 <input type="checkbox"/> 199 <input type="checkbox"/> 299 Units: a a a a a a
Faculty/Sponsor: (please print)	Faculty/Sponsor Signature:

TITLE OF SPECIAL PROBLEM:

DESCRIPTION OF CONTENT, TASK AND TIMELINE: *(attach additional pages if necessary)*

- Special problem courses are graded Credit/No Credit only.
- Special problem courses must be completed prior to finals week in the semester of registration (see your faculty sponsor for specific deadlines).
- Students enrolling in special problem courses are responsible for keeping up with the coursework and maintaining contact with their faculty sponsor.
- If a student decides they must drop a special problems course the university drop process and requirements apply.
- I have read and agree to the above.

Student Signature: _____ Date _____

Department Chair Signature: _____ Date _____

Revised 5/2013

Office Use Only

- | | | | | |
|---|-----------------|-------------|-----------------------------|----------|
| <input type="checkbox"/> Class Added: | Initials: _____ | Date: _____ | WTU: Yes (# of units) _____ | No _____ |
| <input type="checkbox"/> Class Not Added: | Initials: _____ | Date: _____ | Reason: _____ | |