



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

Note: To register in this course, please (1) complete the form, (2) obtain the Faculty/Sponsor signature and (3) send to coe-undergrad@csus.edu for Department Chair approval.

Name:	Student ID #:
Address:	Major/Program:
	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring YEAR _____
	<input type="checkbox"/> CHDV <input type="checkbox"/> DEAF <input type="checkbox"/> EDUC <input type="checkbox"/> EDC <input type="checkbox"/> EDLP <input type="checkbox"/> EDS <input type="checkbox"/> EDBM <input type="checkbox"/> EDTE <input type="checkbox"/> EDSP <input type="checkbox"/> EDMS <input type="checkbox"/> EDSS
Phone:	
Email:	Course: <input type="checkbox"/> 99 <input type="checkbox"/> 199 <input type="checkbox"/> 299
Faculty/Sponsor: (please print)	Units: <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 3.0
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 _____

Office Use Only

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