



California State University, Sacramento  
 College of Education, Academic & Program Services  
 6000 J Street • Eureka Hall 401 • Sacramento, CA 95819-6079  
 (916) 278-6639 • (916) 278-5993 FAX • www.csus.edu/coe

### 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: _____ Units: _____ <input type="checkbox"/> 99 <input type="checkbox"/> 199 <input type="checkbox"/> 299        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: _____	