



California State University, Sacramento
 College of Education, Academic & Program Services
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COOPERATIVE ED & COMMUNITY SERVICE PETITION

Note: To be registered to this course, submit this completed form to Eureka 401.

Name:	Student ID #:
Address:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring YEAR _____
	Class Level: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GRAD
	<input type="checkbox"/> CHDV <input type="checkbox"/> EDBM <input type="checkbox"/> EDUC
Phone:	Course #: <input type="checkbox"/> 144 <input type="checkbox"/> 194 <input type="checkbox"/> 244 <input type="checkbox"/> 294
Email:	Units: <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 3.0
Faculty/Sponsor (please print):	
Faculty/Sponsor Signature:	

FIELD SITE: _____ INSTRUCTOR: _____

I agree to attend _____ class meetings. I will work _____ hours.

- Students who decide not to continue with this program are responsible for dropping the class in accordance with university policy.
- Instructors will not automatically dis-enroll students.

Student Signature: _____ Date: _____

Revised 2/2014

Office Use Only

- Class Added: Initials: _____ Date: _____
- Class Not Added: Initials: _____ Date: _____ Reason: _____