California State University, Sacramento

Department of Mechanical Engineering

SPECIAL PROBLEMS PETITION

Name: Semester: Year:

Email: Student ID Number:

Phone Number: Course #: Number of Units:

Class Level: ☐ **Freshman** ☐ **Sophomore** ☐ **Junior** ☐ **Senior** ☐ **Graduate Student**

Description of Course Content: ☐ **Graded** ☐ **Credit/No Credit**

_____

_____

_____

_____

_____

Date/Time Field

_____

_____

Deliverables:

_____

(Use reverse side if more space is required.)

Student Signature:_____ **Date**: _____

Sponsor's Name: _____ **Date**: _____

Sponsor's Signature:_____ **Date:** _____

Department Chair's Signature:_____ **Date:** _____

Instructions to Student:

File the approved, signed petition with the Department Administrative Coordinator. If the petition is approved by the Department Chair, the Administrative Coordinator will add the course to the student's schedule and file the original. Students agree that by submitting this petition, a course may be added to their schedule, resulting in the possible addition of any applicable tuition fees.

☐ **Petition approved, course added.** **Date:** _____

☐ **Petition denied. Reason:** _____