

## **Special Problems Petition**

Name:		Student ID #:			
Sem: Year:		E-mail:			
Phone #:		Course #:		# of Units:	_
Class Level:		Grade Type:			
Description of Course Content					
<u>Deliverables</u>					
Student Signature:		<u></u>	Date:		
Faculty Sponsor:					
Sponsor Signature:			Date:		
Dept. Chair's Signature:			Date:		
Instructions: Fill out the Descrip Student and the Sponsor, is appr save this petition to Departmen	oved by the Departm at files. Students agre	ent Chair, Department . ee that by submitting thi	Staff will add th 's petition, a cou	e course to the studer urse may be added to	nt's schedule and
	resulting in the pos.	sible addition of any ap	plicable tuition	fees.	
		ME Staff Only			

Date:\_\_\_\_

Comments:

Petition Status:\_\_\_\_\_