

**CSUS Department of Psychology  
SPECIAL PROBLEMS / FIELDWORK / THESIS PETITION**

**Student Information**

Name \_\_\_\_\_

Registration Date \_\_\_\_\_

Student ID# \_\_\_\_\_

Circle Class Level

Email Address \_\_\_\_\_

Fr   Soph   Jr   Sr   Grad   Open University

Daytime Phone \_\_\_\_\_

**Course Information**

Semester & Year of Registration in this Course \_\_\_\_\_

**For Dept. Staff Only**

Course Section \_\_\_\_\_

Highlight Course Number

Number of Units:

Course Number \_\_\_\_\_

194\*   195\_\_   197\*\_\_   198\_\_   199\*   \_\_\_\_\_

294\*   295\_\_   297\_\_   299\*   500\_\_

\* Current syllabus must be attached or on file with department office.

All of the above must be completed before registration in course.

**DESCRIPTION OF COURSE CONTENT**

(Description of requirements for this fieldwork, independent study, or thesis)

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Print Name of Faculty Sponsor

\_\_\_\_\_  
Sponsor's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair's Signature

Date \_\_\_\_\_

(Forms/Fieldwork. pet 8.18)

Date Processed by Dept. Staff: \_\_\_\_\_