

**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)

Print Name of Faculty Sponsor

Sponsor's Signature

Date _____

Department Chair's Signature

Date _____

(Forms/Fieldwork. pet 8.18)

Date Processed by Dept. Staff: _____