# SACRAMENTO STATE
Department of Public Policy & Administration

## Special Problems Petition PPA 199 or PPA 299

Name _____ Semester _____ Year _____

Address _____ Department _____

City, State, Zip _____ Course Number ☐ **199** ☐ **299**

Class Level: ☐SOPH ☐JR ☐SR ☐GRAD Sac    Number of Units _____

State ID # _____

Phone Number _____ Email _____

Description of Course Content

_____

_____

_____

_____

_____

**Student Responsibilities** _____

_____

_____

(Use reverse if more space is required)

Sponsor's Signature: _____ Date: _____
(Note:  Sponsor, Approve only for unit value as offered by Department.)

Department Chair's Signature: _____ Date: _____

Department Use: ☐ Petition Accepted/Added (by) _____ Date: _____

### Instructions to Student
*Submit signed and completed form to Department of Public Policy and*
*Administration by the* <u>Last Day to Add</u> *per the classs schedule.*

https://www.csus.edu/college/social-sciences-interdisciplinary-studies/public-policy-administration/  ppa-01@csus.edu