

## Department of Sociology

## Undergraduate Add Petition SOC 199 SPECIAL PROBLEMS

Name:	Semester: Year:
Address:	Phone Number:
City, State, Zip	Email:
Student ID:	Number of Units: $\Box 1$ $\Box 2$ $\Box 3$
Class Level (Please Select One):	
Freshman Sophomore	Junior Senior
<b>Description of Course Content:</b>	
(Use reverse signature)	de if more space is required)
FACULTY SPONSOR'S SIGNATURE	DEPARTMENT CHAIR'S SIGNATURE
OFFICE USE ONLY	
Class added: Initials Date Class not added: Initials Date Reason:	 _ _
Units Enrolled:	