



Department of Sociology
Graduate Add Petition
SOC 299 SPECIAL PROBLEMS

Name: Semester: Year:

Address: Phone Number:

City, State, Zip Email:

Student ID: Number of Units: 1 2 3

Description of Course Content:

Multiple horizontal lines for describing course content.

(Use reverse side if more space is required)

FACULTY SPONSOR'S SIGNATURE

DEPARTMENT CHAIR'S SIGNATURE

Horizontal line for Faculty Sponsor's signature.

Horizontal line for Department Chair's signature.

OFFICE USE ONLY

- Class added: Initials Date
Class not added: Initials Date
Reason:

Units Enrolled: 1 2 3