Department of Sociology
Graduate Add Petition
SOC 500 THESIS/ PROJECT SUPERVISION

SACRAMENTO STATE

Name: _____   Semester: _____ Year: _____

Address: _____   Email: _____

City, State, Zip: _____   Course Number: **500**

Phone Number: _____   Number of Units: ☐ 3   ☐ 4   ☐ 5   ☐ 6

Student ID: _____

Tentative Title of the Thesis/ Project:

_____

_____

_____

_____

_____

_____

(Use reverse if more space is required)

Committee Chair: Committee Members:

_____   _____

                                                    _____

                                                    _____

OFFICE USE ONLY
☐   Class added: Initials _____ Date _____
☐   Class not added: Initials _____ Date _____
Reason: _____
Units Enrolled: ☐ 3   ☐ 4   ☐ 5   ☐ 6

Revised: 9/19/17