CALIFORNIA STATE UNIVERSITY, SACRAMENTO
Department of Music
Special Problems Petition

NAME                               LAST                                               FIRST
Daytime phone

Student ID
Semester/YR                       #of Units
☐ 1 unit  ☐ 2 units  ☐ 3 units

Email
Grade Level (Circle One)
FR  SOPH  JR  SR  GRAD

Course # MUSC
☐ 99  ☐ 199  ☐ 299

TITLE AND DESCRIPTION OF PROBLEM/INDEPENDENT STUDY:

Advisor Signature          Date

Department Chair Signature  Date

DEPARTMENT USE ONLY

Processed by: ____________________________________________     _______________________
Name                                                                              Date
Notes:

Updated 6-11