REVISION TO PROGRAM FOR SPECIAL MAJOR
California State University, Sacramento

Date:_____ Proposed Graduation Date:_____

Name: _____ Sac State ID#:_____
(Last) (First) (Middle)

Address:_____

Telephone Number: _____ _____
(Home) (Work)

Email: _____

Identify below the change(s) you wish to make to your special major program. Be sure to provide your justification or rationale for such a request. **Attach a copy of your original Special Major petition to this page.**

REVISION REQUESTED:

Dept. & Course #	Course Title	Units	Dept. & Course #	Course Title	Units
Substitute:			**For:**		
Additions:					
Deletions:					

JUSTIFICATION/RATIONALE FOR REQUEST:

Other Requirements or Comments (if any):

REQUEST: I have prepared the rationale for this course of study and have complied with all University regulations concerning the development of a special major, and hereby request approval of this proposed revision of my approved special major program.

(Student's Signature) (Date)

RECOMMENDATION: I have reviewed this request for revision of an approved special major program and recommend its approval.

(Department)

(Adviser's Signature) (Date)

(Advisor's Name)

(Department Chair's Signature) (Date)

(Department Chair's Name)

(College)

(Associate Dean's Signature) (Date)

(Associate Dean's Name)

(Department)	(Adviser's Signature)	(Date)
	(Advisor's Name)	
	(Department Chair's Signature)	(Date)
	(Department Chair's Name)	
(College)	(Associate Dean's Signature)	(Date)
	(Associate Dean's Name)	

APPROVAL:

(Dean of Undergraduate Education and Academic Innovation)	(Date)

Graduated: .....

Rev 8/25, 11/26