REVISION TO PROGRAM FOR SPECIAL MINOR
California State University, Sacramento

Date:_____ Proposed Graduation Date:_____

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

Address:_____

Telephone Number: _____ _____
(Home) (Work)

Email:_____

Identify below the change(s) you wish to make to your special minor program. Be sure to provide your justification or rationale for such a request. **Attach your original Special Minor 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 minor, and hereby request approval of this proposed revision of my approved special minor program.

(Student's Signature) (Date)

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

(Department) (Adviser's Signature) (Date)

(Advisor's Name)

(Department Chair's Signature) (Date)

(Department Chair's Name

APPROVAL:

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

Graduated:

Rev 8/25, 11/26