

**REVISION TO PROGRAM FOR SPECIAL MINOR**  
**California State University, Sacramento**

Date: \_\_\_\_\_

Proposed Graduation Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Sac State ID number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Home) (Work)

Email: \_\_\_\_\_

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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:**

<u>Dept. &amp; Course #</u>	<u>Course Title</u>	<u>Units</u>
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**Substitute:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Dept. &amp; Course #</u>	<u>Course Title</u>	<u>Units</u>
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**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)

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

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

\_\_\_\_\_  
(Department Chair's Signature) (Date)

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**APPROVAL:**

\_\_\_\_\_  
(Dean of Undergraduate and Graduate Studies) (Date)

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Graduated: \_\_\_\_\_