

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: _____

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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:

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

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

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

(Department Chair's Signature) (Date)

(College) Associate Dean's Signature (Date)

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

(Department Chair's Signature) (Date)

(College) (Associate Dean's Signature) (Date)

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APPROVAL:

(Dean for Undergraduate Studies) (Date)

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Graduated: _____