

**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:

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)

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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 Studies) (Date)

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Graduated: _____