

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
 Department of Special Education, Rehabilitation, and School Psychology

SPECIAL PROBLEMS PETITION

Special Note: To register for the below course, contact the EDS Dept. (EUR-316) or 916-278-6622.

Name:	SID #:
Address:	Semester/Year of Registration: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____
City: _____ Zip: _____	Course Number (check one): <input type="checkbox"/> EDS 199 <input type="checkbox"/> EDS 299
Home Phone: () _____	# of units (1-3 sem. units): <input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units <input type="checkbox"/> 3 units
Work Phone: () _____ x _____	Are you registered in any other Special Problems, Thesis, or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, which? _____
Email: _____	
Sponsor: _____	

TITLE OF SPECIAL PROBLEM/INDEPENDENT STUDY:

DESCRIPTION OF CONTENT:

PURPOSE FOR ENROLLING IN EDS 199/299 (e.g., personal/professional growth; equivalent to credential/masters course, etc):

CLOCK HOURS ANTICIPATED TO COMPLETE PROPOSAL (if applicable): _____

NOTE: *Special Problems courses are graded Credit/No Credit or Satisfactory Progress only.*

_____/_____
STUDENT'S SIGNATURE DATE

_____/_____
ADVISOR'S SIGNATURE DATE

_____/_____
DEPT. CHAIR'S SIGNATURE DATE

_____/_____
SPONSOR'S SIGNATURE DATE