

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

College of Education
Department of Child Development

PETITION TO ADD CHDV 194/294 / CHDV 44/144/244
FILL OUT COMPLETELY AND PRINT CLEARLY

NAME: _____ SEMESTER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Work) _____

SAC STATE ID #: _____ EMAIL: _____

COURSE NUMBER (Circle one):

CHDV 44 CHDV 144 CHDV 194 CHDV 244 CHDV 294

SECTION: _____ UNITS: _____

CLASS LEVEL (Circle one): FR SO JR SR GRAD

FIELD SITE: _____ INSTRUCTOR: _____

I agree to attend _____ class meetings. I will work _____ hours.

Students who decide not to continue with this program are responsible for dropping the class in accordance with university policy. Instructors will not automatically dis-enroll students.

Courses are graded Credit/No Credit only.

Student's Signature

Faculty Coordinator's Signature

<p>OFFICE USE ONLY</p> <p>Date added: _____</p> <p>Added by: _____</p>
