

**SACRAMENTO STATE UNIVERSITY**  
**College of Education**  
**Child Development Department**

**SPECIAL PROBLEMS PETITION**

Name: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Course Number: CHDV 199, CHDV 253,  
CHDV 299

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Section Number (department use): \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Number of Units:      1      2      3

Sac State ID #: \_\_\_\_\_ Faculty Sponsor: \_\_\_\_\_

**TITLE OF SPECIAL PROBLEM:**  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Content:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Special problem courses are graded Credit/No Credit only.
- Special problem courses must be completed prior to finals week in the semester of registration (see your faculty sponsor for specific deadlines).
- Students enrolling in special problem courses are responsible for keeping up with the coursework and maintaining contact with their faculty sponsor.
- If a student decided they must drop a special problems course the university drop process and requirements apply.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Sponsor Signature

\_\_\_\_\_  
Department Chair Signature

Department Use ONLY: Date Added: _____ Initials: _____ Comments: _____ _____
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