

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
College of Education
Department of Counselor Education

**PETITION FOR DEVIATION FROM
DEPARTMENT OF COUNSELOR EDUCATION PROGRAM POLICY**

To: Chair, Department of Counselor Education

Date: _____

From: _____
(Student)

SS #: _____

Phone: _____

(Address)

(City)

(Zip)

REQUEST:

RATIONALE FOR REQUEST: _____

I do _____ do not concur _____

Approved _____ Disapproved _____

Student's Signature Date

Advisor's Signature Date

Department Chair's Signature Date