

Department of Social Sciences
Departmental Petition/Approval Form

Student ID #: _____

Semester: _____

Circle One Below:

Type of Course	Number of Course -- 3 hr	Number of Course -- 6 hr	CRN
Field Experience	SOS 4380	SOS 4680	
Special Projects	SOS 4301	SOS 4601	
Directed Studies	SOS 3399/4399		

Student Information:

Student's Name:		
Address:	City, ST:	Zip
Telephone: hm:	wk:	cell:
Email:	GPA:	Major:
Total Hours:	Projected Graduation Date:	

Degree (*check one*): G BS-IS G BS-PSY G BA-SOS G BS-SOS G BA-HIST

Brief Description of Project:

Signatures:

Student:
Faculty Coordinator:
Department Chair:

* attach project description
