Department of Social Sciences Petition/Approval Form

Student ID #: _____

Semester: _____

Project Faculty Supervisor: _____

Circle One Below:

Field Experience: S0S 4380 (3hrs) SOS 4680 (6hrs) CRN: _____

Special Projects: SOS 4301 (3hrs) SOS 4601 (6hrs) POLS 6395 (3hrs) CRN: _____

Directed Studies: SOS 3399 / 4399 (3hrs) CRN: _____

Student Information:

Name: _____
Email: _____
GPA: _____ Degree: _____
Total Hours: _____ Projected Graduation Date: _____

How many Special Project courses have you previously taken? _____

Brief Description of Project: (attach a full description with this form)

_____

_____

_____

_____

_____

_____

Signatures:

Student: _____

Faculty Coordinator: _____