

Department of Social Sciences Petition/Approval Form

Student ID #: _____

Semester: _____

Circle One Below:

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

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

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

Student Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Cell: _____

Email: _____

GPA: _____ Major: _____

Total Hours: _____ Projected Graduation Date: _____

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

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

Signatures:

Student: _____

Faculty Coordinator: _____

Department Chair: _____