

**COLLEGE OF THE SISKIYOU**

**Admissions & Records**

800 College Avenue, Weed CA 96094 \* Fax: 530-938-5367 \* registration@siskiyous.edu

**Special Studies Petition (2929)**

AP. 4101; Title 5 - 55230

*Special Studies courses are offered by the College of the Siskiyous to provide capable students with experience in laboratory assistance, development of a research project, or supervised study in an area of special interest to the student. The number of units which may be earned can be arranged by the student and instructor depending on the amount of time that the student is able to devote to the activities of the course, up to a maximum of two units per semester (Carnegie units). The student may not accumulate more than four units of Special Studies credit.*

**Directions:**

1. Complete this form with your intended instructor.
2. The instructor submits the form to the appropriate Dean for approval.
3. The Dean forwards it to scheduling for a course recognition number.
4. The form is then submitted to Admissions & Records. If the student is not registered in any other courses he/she will need to complete and Enrollment/Registration form.

**Step 1: To be Completed by Student**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First M

**Student ID#:** \_\_\_\_\_ **COS email address:** \_\_\_\_\_

**Semester to be taken:**  Fall  Spring  Summer Year: 20\_\_\_\_\_

Are you currently Registered for courses this Semester?  Yes  No

**Special Studies Subject Area** \_\_\_\_\_ **Units (max 2)** \_\_\_\_\_

**Reasons you plan to enroll in the Special Studies (29) Course specified above.**

\_\_\_\_\_  
\_\_\_\_\_

**What is your prior academic experience in the above subject area?**

\_\_\_\_\_  
\_\_\_\_\_

**Please describe in detail the project which you plan to undertake if you are permitted to enroll in a Special Studies (2929) course (attach extra sheets if necessary):**

\_\_\_\_\_  
\_\_\_\_\_

**How Many hours will be required to complete the above project:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Step 2: To be Completed by Instructor**

Does the student meet the prerequisites as stated on Approved Course Outline:  Yes  No  
*If no, and you are approving, please complete a "Petition for Waiver of Requirement for Prerequisite" form.*

Individual Course Objectives (please list):

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SLO Assessment: Describe in detail how student grade will be determined.

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I understand that I need to submit both census and final grades for the above class.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Petition Approved  Yes  No Date: \_\_\_\_\_

CRN: \_\_\_\_\_ Course Start Date \_\_\_\_\_ Census \_\_\_\_\_ End \_\_\_\_\_

Enrolled by: \_\_\_\_\_ Date: \_\_\_\_\_