CALIFORNIA STATE UNIVERSITY, SACRAMENTO
College of Health and Human Services
Department of Recreation and Leisure Studies

RLS 198, 199, 299, 500 PETITION

Name: _____ Semester: _____ Year: _____

SSN: _____ RLS: _____ Course Code Number: _____

Address: _____ Section: _____ Number of Units: _____

_____
(City, Sate Zip Code)

Phone Number(s): (hm) _____ (wrk) _____ (other) _____

E-mail : _____

Class Level (circle one): Freshman Sophomore Junior Senior Graduate

DESCRIPTION OF COURSE CONTENT

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Signature of Student Date

_____ _____
Signature of Faculty Sponsor Date

_____ _____
Signature of Department Chair Date