



Request for Adjustment of Academic Requirement

Print legibly your name and mailing address:

LAST FIRST MIDDLE/MAIDEN

STREET ADDRESS

CITY STATE ZIP

Date:

Major:

Red ID #:

Phone #:

Expected graduation date:

Have you applied yet? Yes No

READ AND FOLLOW THESE DIRECTIONS CAREFULLY. This form should be used by undergraduate students requesting an exception to an academic policy or regulation. DO NOT request an adjustment unless you have seen an adviser or received an official evaluation.

Submit this petition, along with departmental recommendation when required, to Enrollment Services, Academic Advising Center SSW 1551. Attach supporting documentation:

1. syllabus from course in question taken at another institution,
2. copy of your evaluation and graduation evaluation,
3. copy of University Advising Center advising sheet,
4. copy of departmental advising sheet (or master plan).

After your record and supporting documents are reviewed, you will be notified by mail of the final action. **IF THE REQUEST IS DENIED BECAUSE IT IS IN VIOLATION OF TITLE V, AN EXECUTIVE ORDER FROM THE CSU CHANCELLOR OR BOARD OF TRUSTEES, AND/OR SDSU UNIVERSITY SENATE POLICY, THERE IS NO APPEAL.** In other cases, a denied request may be appealed to the Dean of the Division of Undergraduate Studies.

SPECIAL CONSIDERATION REQUESTED.

EXPLANATION FOR REQUEST.

REQUIRED FOR ADJUSTMENTS TO MAJOR & MINOR ONLY

Request recommended by _____
Signature of Chair

Date: _____

COMMENT:

Associate Dean of Undergraduate Studies

APPROVED _____ DENIED _____

NO ACTION _____

Authorized Signature

Date: _____

FOR UNIVERSITY USE ONLY

When approving a course substitution, please initial one of the following:

- _____ The approved course substitution, subject to articulation agreements, applies to **ALL** students (blanket waiver).
- _____ The approved course substitution applies as an exception for **this student only**