SAN DIEGO STATE UNIVERSITY

Office of Advising and Evaluations

Request for Adjustment of Academic Requirement

Please print legibly

Date: _____

RedID: _____

Primary Major: _____

Secondary Major: _____

Minor: _____

Phone: (_____) _____

E-mail: _____

Expected Graduation Date: _____

Have you applied yet? ☐ Yes ☐ No

_____
Last *First* *Middle/Maiden*

_____
Street Address

_____
City *State* *ZIP Code* *Country*

READ AND FOLLOW 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 the Academic Advising Center, SSW 1551.

Attach the supporting documentation:

1. Syllabus from course in question taken at another institution
2. Copy of your evaluation or graduation evaluation
3. Copy of departmental advising sheet (or master plan)

Upon filing this form with the Office of Advising and Evaluations, please allow up to 8–10 weeks for processing. If the request is approved, the adjustment will be honored on your degree evaluation. If the request is denied, you will receive a copy of this form in the mail notifying you of the decision. **If the request is denied because it is in violation of Title V, an executive order from the CSU Chancellor 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 *(Include explanation for request)*

Please remove _____ from list of options for _____ part of IS3D major

[list class(es) here] [Dept. name here]

_____ _____

[undergraduate adviser's signature here] [date]

REQUIRED FOR ADJUSTMENTS TO MAJOR & MINOR ONLY

Request recommended by Paul Justice, IS3D Adviser

_____ _____

Signature of Chair, Director, or Designee *Date*

OFFICE OF ADVISING & EVALUATIONS

☐ **Approved** ☐ **Denied** ☐ **No Action**

_____ _____

Signature of Dean or Designee *Date*

COMMENT:

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**.