



## **Advanced Standing Evaluation Request**

*(For students admitted Spring 1997 or prior)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

SFSU ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address if different than above:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_