

# SFSU Undergraduate Academic Standing Petition (ASP)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SFSU ID#: \_\_\_\_\_  
 SFSU Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Print a copy of this petition, attach a copy of your completed [GPA CALCULATOR](#), [UNOFFICIAL TRANSCRIPT](#), [DARS](#) and/or ASE. Use your unofficial transcript and GPA Calculator to fill in the blanks below:

ALL COLLEGE GPA	SFSU GPA	YOUR "NEW GPA" PLAN
- UA -    - UE -    - GP - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	- UA -    - UE -    - GP - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>

**Part A: TO BE COMPLETED BY STUDENT** (Students are responsible for recording the conditions and notes in the petition)

1. Explain the problems which caused your SFSU GPA to fall below the minimum requirements. Attach an SFSU unofficial transcript, courses in progress and any supporting documents.

2. What are you doing to improve your academic status?

3. If you are allowed to register, what courses do you plan to enroll in for the upcoming semester?

**Part B: TO BE COMPLETED BY THE DEPARTMENT ADVISOR OF YOUR MAJOR**

1. Courses and alternates approved for the following semester: \_\_\_\_\_

2. Conditions: \_\_\_\_\_

**Student's Signature** (By signing, I understand and agree to abide by the conditions listed in this contract.)

**Date**

#                  units recommended

**Advisor's Signature & Printed Name**

**Date**

Recommended # of units (Box below must be filled out & approved)

**Part C: TO BE COMPLETED BY THE DEPARTMENT CHAIR OF YOUR MAJOR**

Clear to register     Reinstatement NOT recommended                  Spring Semester                   Fall Semester

Note: \_\_\_\_\_

**Department Chair's Signature & Printed Name**

**Extension**

**Date**

**Part D: TO BE COMPLETED BY THE COLLEGE DEAN OF YOUR MAJOR**

Student has been advised and is CLEARED to register for the following semester:

Spring (c)                   Fall (c)

Reinstatement NOT recommended. Disqualify student for the following semester:

Spring (d)                   Fall (d)

Note: \_\_\_\_\_

**College Dean's Signature**

**Print Name**

**Date**

Link to GPA Calculator and Academic Standing Petition  
<http://www.sfsu.edu/~admisrec/reg/probation.html>

**~For Department use only~**

Mandatory Advising, Probation and Subject to Disqualification students are allowed to register for a maximum of 13 units during the Spring and Fall semesters. Any exceptions for more or less than 13 units must have the assigned unit value and approval by an authorized department administrator.

**IMPORTANT: Students who are approved to enroll in less than 12 units should consult with Fin Aid, Office of Intl. Programs, Athletics, Housing, etc. (if applicable).**

# Units Approved

Fall  \_\_\_\_\_  
 Spring  \_\_\_\_\_  
 Authorized Signature for unit change  
**\*\*\*MANDATORY\*\*\***