

Request for Advanced Standing Evaluation

(Transfer students from CCSF and other schools may not have an ASE on file.
Ask about a DARS report.)

Name: _____

SFSU ID#: _____

First Semester at SFSU: _____

Daytime Phone #: _____

Fill out this form with your address at below and turn in forms to the Registrar's Office
Counter (Student Service Building-101).

We will mail your ASE within seven to ten working days.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____