



**SAN FRANCISCO
STATE UNIVERSITY**

OFFICE OF THE REGISTRAR

1600 Holloway Avenue
San Francisco, CA 94132

Tel: 415/338-2350
Fax: 415/338-0588

Dear Student:

As a result of filing your application for degree, you did not receive priority registration information as a continuing student for next semester. **If you have been denied or believe you will not complete your degree requirements**, please complete and return this form to the Registrar's counter (SSB 101) as soon as possible. The staff person at the Registrar's counter will release your priority registration information for the following semester.

Request For Release of Registration Due to Graduation Denial

Semester: _____

Name: _____

SFSU ID#: _____ Daytime Phone: _____

Email: _____

Justification:

I will not graduate because of the following deficiencies:

Acknowledgement:

I understand that the release of my registration is based on my graduation denial. If the degree should be awarded, I am subject to disenrollment of all classes.

Signature: _____ **Date:** _____