

# PETITION FOR WAIVER OF **GRADUATE ADMISSION** REGULATIONS

San Francisco State University - Division of Graduate Studies (ADM 254)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Program applying to: \_\_\_\_\_

Fall  Spring  Year: \_\_\_\_\_

Were you previously enrolled in a graduate program at SFSU?  Yes  No

Are you an international applicant?  Yes  No

**Select one:**

- Waive Application Deadline (Enter Department Deadline: \_\_\_\_\_)
- Waive TOEFL requirement (Application and supporting documents must be on file with Graduate Studies)
- Waive minimum GPA requirement (Application and supporting documents must be on file with Graduate Studies)
- Other: \_\_\_\_\_

Indicate Rationale or Justification for Your Request Below (**REQUIRED**):

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**APPLICANT- DO NOT WRITE BELOW THIS LINE**

**Department Chair, Director or Graduate Coordinator, must sign this petition to indicate Department approval. A letter of support from the Department is also REQUIRED for a GPA or TOEFL/IELTS waiver petition.**

Approved  Not Approved (Do not forward to Graduate Admissions if not approved – keep for your records)

\_\_\_\_\_  
**Signature of Department Chair, Director or Graduate Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Department Chair, Director or Graduate Coordinator**  
(print or type)

\_\_\_\_\_  
**Extension**

\_\_\_\_\_  
**E-mail**

**GRADUATE STUDIES USE ONLY BELOW THIS LINE**

Review and Action:  Approved  Not Approved

---

---

---

---

---

\_\_\_\_\_  
**Signature: Dean/ Designee, Graduate Studies**

\_\_\_\_\_  
**Date**