

GRADUATE PROBATION/DISQUALIFICATION PETITION

PLEASE TYPE THIS FORM ONLINE (HANDWRITTEN FORMS ARE NOT ACCEPTED)

TO BE COMPLETED BY STUDENT (Attach an SFSU unofficial transcript, courses in progress, and any supporting documents)

Name: _____ Student ID: _____ E-Mail: _____
Address: _____ Major: _____
City, State, Zip: _____ SFSU Overall GPA _____ Current semester SFSU GPA _____

CLEARED TO CONTINUE

TO BE COMPLETED BY YOUR ADVISOR, GRADUATE COORDINATOR OR DEPARTMENT CHAIR

Students cleared will have a probation hold placed on their student record for the next semester if their SFSU or Overall GPA is below the minimum standards for post-baccalaureate students. (Excludes disqualified students.)

Courses and alternates approved for the following semester: (max. 9 units)

Prefix	Course #	Course Title	Units
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Conditions:

1. Must make progress towards the completion of degree each semester _____
2. _____
3. _____
4. _____

Student's Signature: _____ Date: _____

I agree to follow the recommendations/requirements stated in this contract.

Advisor, Chair or Grad Coordinator Signature: _____ Date: _____

Print Name: _____ Dept: _____ Contact #: _____ E-Mail: _____

DENIED

TO BE COMPLETED BY YOUR ADVISOR, GRADUATE COORDINATOR OR DEPARTMENT CHAIR

Reinstatement NOT recommended. Disqualify the student.

Reasons for denial:

Advisor, Chair or Grad Coordinator

Signature: _____

Date: _____ Print Name: _____

Dept: _____ Contact #: _____

E-Mail: _____

DEPARTMENTS MUST COMPLETE

Probation and Subject to Disqualification students are allowed to register for a maximum of 9 units during Spring and Fall semesters. To restrict students to enroll in fewer than 9 units, enter the approved number of units in the box below.

Financial Aid Students

Consult the Office of Financial Aid if you enrolled part-time.

International Students

Consult the Office of International Programs if enrolled in less than full-time status and on a F-1 or J-1 student visa.

Fall Approved for _____ units
 Spring _____
Dean (or designee) signature

CLEARED OR **DENIED**

TO BE COMPLETED BY THE COLLEGE DEAN OF YOUR MAJOR

College Dean (or Designee) Signature: _____ Date: _____

Print Name: _____ Contact #: _____ Email: _____

MUST BE RETURNED TO REGISTRAR'S COUNTER AT ONE STOP STUDENT SERVICES CENTER