

Return to Earlier GE Pattern

Instruction (Page 1)

1. Only for undergraduate students who have been formally admitted to and enrolled at SJSU for at least one semester. If you have completed all of your GE requirements prior to breaking continuous enrollment at a California Community College or CSU, or there were extenuating circumstances surrounding your break in enrollment, you may apply to return to your previous requirements. If you want a re-evaluation of courses as a result of returning to an earlier pattern, you may also use this form.
2. Completely fill out this form. **Requests will NOT be accepted if any attachments or signatures are missing.**
3. Attach **ALL** required documentation.
4. Get signature from your major advisor and graduation evaluator.
5. Submit to ADM 159, Office of Graduate and Undergraduate Programs will make the final decision.

Return to Earlier GE Pattern Form (Page 2)

SJSU ID _____ Name (print) _____
 Phone (cell preferred) _____ Email address _____
 Student Signature _____ Major _____

Please indicate YES or NO for each of the required items for submission of a completed petition		
YES	NO	Required Items:
		This is the current version of the petition (http://www.sjsu.edu/gup/allForms/index.html)
		Formally admitted and enrolled at SJSU for at least ONE semester
		Will obtain <u>required</u> recommendation(s) & signature(s)
		Personal statement explaining request
		Graduation worksheet and graduation hold letter (if appropriate)
		ALL required transcripts
		Community College GE Certificate(s)
		All the information I have provided in this petition is truthful and complete

Incomplete petitions will not be processed unless you provide an explanation for all of the above items that are indicated **NO**:

Major Advisor Recommendation: **RECOMMEND** **NOT RECOMMEND**
 Comments (optional):

 Major Advisor Name (print) Signature Date

Graduation Evaluator Recommendation: **RECOMMEND** **NOT RECOMMEND**
 Comments (optional):

 Graduation Evaluator Name (print) Signature Date

Graduation Evaluator will submit to the Office of Graduate and Undergraduate Programs, Administration 159

Associate Dean, UGS (Final Decision): **APPROVE** **DENY** **OTHER**
 Comments (optional):

 Associate Dean (or designee) Name and Signature Date CMS DATA ENTRY / DATE