San Jose State University
Department of Computer Science **Modification of Admission Conditions**

STUDENT INFORMATION
Last Name
First Name, M.I
SJSU ID(Required)
Email Address

Today's Date

Semester Of Admittance	Conditional List all conditions at time of admittance

MODIFICATIONS:

Original Condition	Modification	Reason
	[ ] Remove [ ] Replace with _____	
	[ ] Remove [ ] Replace with _____	
	[ ] Remove [ ] Replace with _____	
	[ ] Remove [ ] Replace with _____	

For Office Use Only – Do Not Write Below This Line

Approved:

_____

Graduate Coordinate Signature Date