

Request to Return to Earlier GE Pattern

The purpose of this petition is to allow students, who have completed all of their 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.

This petition will only be considered if:

1. Student has been formally admitted and enrolled at San José University for at least one semester
2. Completed all their CORE General Education
3. Required documents are attached
 - a. personal statement explaining why you are making this request
 - b. copies of all your transcript (unofficial okay)
 - c. Graduation Worksheet , Major Form, and/or Hold Letter (if applicable)
 - d. Community College GE Certificate(s) / CSU GE completion
4. Submit completed form for final decision to the office of Undergraduate Education, Administration 159
5. By submitting this form you acknowledge all the information provided in this petition is truthful and completed

Petition will be return if:

1. Not using the most current version of this petition
2. Attachments are missing (personal statement, transcript, etc.)
3. Missing signatures
 - a. signature from Major Advisor/Department Chair(s)
 - b. signature from Graduation Evaluator at the Office of the Registrar, Student Services Center, Window "R"
4. Information provided is not truthful.

Return to Earlier GE Pattern

Section I: Student Information

Name (First, Last): _____ SJSU ID: _____ Date: _____
Telephone: _____ Email: _____
Major: _____ Graduation Date (MM/YYYY): _____

Section II: Required Signatures & Recommendations

1. Submit to Major Advisor, Success Center Advisor or Department Chair

Recommend Not Recommend

Comments:

Name (print): _____ Telephone: _____
Signature: _____ Date: _____

2. Submit to the Student Service Center, window "R" for Graduation Evaluator recommendation

Recommend Not Recommend

Comments (required):

Grad Evaluator Name (print): _____ Telephone: _____
Signature: _____ Date: _____

3. Submit to the Undergraduate Education for Final Decision, ADM 159

APPROVED DENY

Comments (Required if request is Denied):

Associate Dean of Undergraduate Education (or designee) Name: _____
Signature: _____ Date: _____

Section IV: For Office Use Only

Processed by: _____ Date: _____