

# PETITION FOR GRADUATE ADMISSION (PGA)

San Francisco State University - Division of Graduate Studies - ADM 250

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ SFSU ID#: \_\_\_\_\_  
Email: \_\_\_\_\_ Program applying to: \_\_\_\_\_  
Year: \_\_\_\_\_

Were you previously enrolled in a graduate program at SFSU?    Yes        No  
Are you an international applicant?    Yes        No

## SELECT ONE:

Waive English language proficiency requirement  
Waive minimum GPA requirement  
Switch your program on your graduate application from \_\_\_\_\_ to \_\_\_\_\_  
Other: \_\_\_\_\_

## INSTRUCTIONS FOR APPLICANT:

You must attach a memo providing rationale or justification for your request to waive University admission requirements. A complete application and supporting documents must be on file with Graduate Studies.

## INSTRUCTIONS FOR DEPARTMENT CHAIR, PROGRAM DIRECTOR OR GRADUATE COORDINATOR:

The Department Chair, Program Director or Graduate Coordinator must include a letter of support for an English language proficiency petition or GPA waiver petition to be considered by the Dean of the Division of Graduate Studies.

**NOTE: Petitions without rationale or Department support will not be reviewed.**

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

\_\_\_\_\_  
Date

**APPLICANT: SUBMIT PETITION DIRECTLY TO THE GRADUATE PROGRAM FOR REVIEW – DO NOT WRITE BELOW THIS LINE**

Department Chair, Program Director or Graduate Coordinator must sign this petition to indicate Department approval.

Approved         Not Approved

\_\_\_\_\_  
Signature of Department Chair, Program 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