

Request for Adjustment of Academic Requirement (RAAR)

Discipline Adjustm	ent:			Deter	
Please print legibly				Date:	
				RedID:	
				Phone:	
Last	First	Middle/Maiden		SDSUid Email:	
				Expected Graduation Date:	
Street address					
City	State	ZIP Code	Country		
READ AND FOLLOW	V DIRECTIONS C	AREFULLY			
	adjustment unless	s you have se	en an aca	f the discipline areas in their custom plan. demic adviser and have reviewed your nents).	
1. Complete the top part of the form with your personal information.					
List the changes and classes].	you're requesting to	add to your cus	tom plan in t	the spaces below [include discipline area	
3. Obtain the appro	val of the departme	nt adviser on the	designated I	line below.	
	lly approved form to S3D adviser, please		office (<u>is3da</u>	dvising@sdsu.edu) for final approval.	
SPECIAL CONSIDER	RATION REQUES	TED			
Please change IS3D Discipl	line Area # from 1, 2, or 3	Old Discipline Are	to a N	and use the classes listed below.	
Lower Division Classes	(min. 6 units):				
Upper Division Classes (m	nin. 9 units):				
Department Adviser Nam	e:	Adviser	Signature:	Date:	
Comment:					