

Request for Adjustment of Academic Requirement (RAAR)

Course Removal:					
Please print legibly				RedID:	
				Phone:	
Last	First	Middle/Ma	iden	SDSUid Email:	
		maa.o/maracii		Expected Graduation Date:	
Street address					
City	State	ZIP Code	Country		
READ AND FOLLO	W DIRECTION	NS CAREFULLY			
	unless you have	e seen an academic	adviser and ha	from their custom plar ave reviewed your degree	
1. Complete the top	p part of the fo	rm with your persona	information.		
2. List the class(es) you're requesting to add and remove from your custom plan in the space below.					
3. Obtain the approval of the department adviser on the designated line below.					
 Submit the partially approved form to the IS3D advising office (<u>is3dadvising@sdsu.edu</u>) for final approval. *When emailing IS3D adviser, please add your RedID. 					
You can request to ren Please use separate for					department.
SPECIAL CONSIDE	RATION REQ	UESTED			
Please remove		to the list o	options for the		part of IS3D major.
li	list class(es) here			Dept. name here	
Department Adviser Name:		Adviser	signature:	Date:	
Comment:					