

Request for Adjustment of Academic Requirement (RAAR)

				Date:		
				RedID:		
				Primary Major:		
				Secondary Major:		
Last	First	First Middle/Maiden		Minor:		
				Phone:		
Street address				SDSUid Email:		
				Expected Graduation D	ate:	
City	State	ZIP Code	Country	Have you applied yet?	Yes:	No:
 Complete the top p List the university a 	art of the form with yo	our personal information	on	ice (is3dadvising@sdsu.edu).		
4. Obtain the adviser's 5. Take this form and NOTE TO ADVISERS: S SPECIAL CONSIDER Please apply the Study Ab	s approval on the design your Academic Approvence Study abroad courses ATION REQUEST	gnated line below val Form to the IS3D as do not need to be n	ndvising office (is3dadvising@sdsu.edu) GDSU classes		ny IS3D major.
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FOR UNIVERSITY USE ONLY When approving a course substitution, please initial one of the following:

The approved course substitution, subject to articulation agreements, applies to ALL students (blanket waiver)

The approved course substitution applies as an exception for this student only.