

REGISTRAR'S OFFICE 1600 Holloway Avenue San Francisco, CA 94132

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Advanced Standing Evaluation Request

(For students admitted Spring 1997 or prior)

Date:			
Name:			
SFSU ID:			
Address:			
City:		Zip Code:	
Phone:		Email:	
Mailing address if different the	an above:		
Address:			
City:	State:	Zip Code:	