



Advanced Standing Evaluation Request

(For students admitted Spring 1997 or prior)

Date: _____

Name: _____

SFSU ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Mailing address if different than above:

Address: _____

City: _____ State: _____ Zip Code: _____