

MAIL OR FAX COMPLETED FORM TO:

Office of Financial Aid & Scholarships
San Diego State University
San Diego, CA 92182-7436
Voice: 619 • 594 • 6323
FAX: 619 • 594 • 4268
Web: <http://www.sdsu.edu/financialaid>



**SAN DIEGO STATE
UNIVERSITY**

**SPECIAL ENROLLMENT
ACADEMIC APPROVAL FORM**

Student Name _____ Red ID # _____
(Please Print)

Department/Major _____

Name of Host Institution where you will be enrolled _____

Indicate Term and Year of Enrollment: Fall _____ Winter _____ Spring _____ Summer _____

List below the host institution courses in which you plan to enroll. We recommend that you provide your Academic Adviser the complete course descriptions when available.

Course Title and Number	SDSU Equivalent and Number	Number of Units	Major/Minor, Elective or GE Requirement	Appropriate Advisor's Signature

Department Chair's Signature* _____ Date _____

Department _____

*Signature represents that the student has been approved to enroll at the above mentioned host institution, and the units completed will count towards the student's SDSU degree requirements as indicated on the chart above. *(If the student is undeclared, the student must meet with the appropriate undergraduate adviser in Academic Advising for Signature.)*