



SPECIAL CONSIDERATION REQUEST

Education Specialist, Multiple Subject, Dual and Single Subject Credential Programs

Submitting this form is NOT a guarantee NOR a promise that your request will be approved.

Date of request: _____ Semester/Year admitted to credential program: _____

Student and Program Information

Last Name *First Name* *Fresno State ID*

- | | |
|---|--|
| <input type="checkbox"/> Education Specialist Mild/Moderate
<input type="checkbox"/> Dual Mild/Moderate
<input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Education Specialist Moderate/Severe
<input type="checkbox"/> Dual Moderate/Severe
<input type="checkbox"/> Single Subject: _____ |
|---|--|

Special Consideration Request

<input type="checkbox"/>	ADMISSION GPA TOO LOW	<i>My current GPA:</i> _____
<input type="checkbox"/>	CREDENTIAL PATHWAY CHANGE	<i>Current pathway:</i> _____
		<i>Requested pathway:</i> _____
<input type="checkbox"/>	REQUEST TO REPEAT A COURSE	<i>Course[s] to be re-taken:</i> _____
		<i>Semester course was taken:</i> _____
<input type="checkbox"/>	RETURN TO CREDENTIAL PROGRAM <i>[after a break of one or more semesters]</i>	<i>Semester/Year Admitted:</i> _____
		<i>Semester/Year last enrolled:</i> _____
<input type="checkbox"/>	COHORT CHANGE REQUEST	<i>Current cohort:</i> _____
		<i>Requested cohort:</i> _____

Student Justification Request

Attach a typed, well-written justification for your request and include reasons why your request should be considered.

Applicant Signature _____

Attach this form with your credential application if request is for admission with low GPA. For other requests, email form to reflores@csufresno.edu

Office Use Only

Request approved Request denied Date: _____

Coordinator signature: _____

Comments: _____