



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 MMSN & ESN	<input type="checkbox"/> Multiple Subject	
<input type="checkbox"/> Dual MMSN & ESN	<input type="checkbox"/> Single Subject: _____	

Special Consideration Request

FAST-PETITION FOR THIRD REVISION					
<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">ADMISSION GPA TOO LOW</td> <td><i>My current GPA:</i> _____</td> </tr> </table>	ADMISSION GPA TOO LOW	<i>My current GPA:</i> _____		
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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

<input type="checkbox"/> Request approved <input type="checkbox"/> Request denied Date: _____	If completer needs to continue, remove service indicator & ask Mariana Yopez to term activate.
Coordinator signature: _____	
Comments: _____	