

Low GPA – Petition for Exception

Date:	CSUDH SID# (if applicable):	
Name:		
First Name	MI	Last Name
Application Semester/Year:		Current GPA:
Check appropriate program:		
	n why your low GPA i	may not represent your academic potential itional supporting documentation
		
	ave any questions, p	cumentation as one document file to be lease contact the COE Admissions Unit at
Signature:	Da	ate:
D	Oo Not Write Belo	w This Line
Department Chair: Approve	Deny	
Comments/Conditions:		
Chair Signature or Designee:		Date:
Date Mailed to Student:		Ву:

Revised: 2-11-2025