



SACRAMENTO  
STATE

## EO1048 EARLY START PARTICIPATION PETITION FOR WAIVER

A waiver to EO1048 Early Start Participation for matriculating students may be considered in cases of demonstrated need and documented circumstances. Students who have a serious and compelling reason for not participating in, or completing, an approved Early Start program may apply for a waiver from the requirement to begin their remediation in the summer.

**Please note: This waiver is for students for whom Sacramento State is their destination campus. Sacramento State Students who do not receive a waiver and/or are not in compliance with EO1048 Early Start Participation may be subject to administrative probation.**

_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Student ID Number (NOT SSN)</b>
_____	_____	_____	_____
<b>Street Address</b>		<b>Apt #</b>	<b>Telephone Number</b>
_____	_____	_____	
<b>City</b>	<b>State</b>	<b>Zip</b>	
_____ @saclink.csus.edu			
<b>Saclink Email</b>			

**INSTRUCTIONS:** Please submit an online petition at [www.csus.edu/earlystart](http://www.csus.edu/earlystart) by **August 3, 2012** indicating the reason for your waiver request. Documentation is required to support the reason for lack of Early Start participation or completion.

**Requesting a waiver in the following areas:**

English     Math     Both

Please indicate if you were enrolled in but did not complete an "Early Start" proficiency activity.     Yes     No

**Reason for waiver request:**

You are a student with a disability who is in need of a reasonable accommodation. (To request reasonable accommodations due to a disability, please contact the Office of Services to Students with Disabilities, 1008 Lassen Hall, (916)278-6955, [sswd@csus.edu](mailto:sswd@csus.edu).)

You cannot participate for the following reasons:

Medical Reasons     Active Military Service     Other, Explain: \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### EO1048 PETITION COMMITTEE (To be completed by the EO1048 Committee)

Check the primary reason for the student's exception request. Check only one:

Medical Reasons     Military Service     Other

#### UNIVERSITY RECOMMENDATION

APPROVE     DENY

EO1048 Committee Representative    Print Name \_\_\_\_\_    Date \_\_\_\_\_

APPROVE     DENY

Assoc. Dean of Undergraduate Studies    Print Name \_\_\_\_\_    Department \_\_\_\_\_    Date \_\_\_\_\_

#### REGISTRAR'S OFFICE USE ONLY

Initial: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_