

Thank you for contacting the Developmental Studies Office.

I am sorry to hear you did not pass your developmental math or English course and did not take the opportunity to complete it successfully in summer semester.

There is an appeals process for a one-semester extension that is granted to those with extenuating circumstances.

To submit an appeal:

1. First, confirm that you have new resources and/or approaches to the challenges that prevented you from completing this requirement your first year.
2. Complete the Extension Appeal form.
3. Using the template, write a letter that explains the past challenges and details the specific steps you will take to succeed this time around.
4. Gather related medical, legal, or other third-party documentation.
5. Complete the contract.
6. Print unofficial transcript and submit all forms to Andrew Brosnan at abrosnan@sfsu.edu
7. Make an appointment to speak with Andrew Brosnan to discuss the outcomes of the appeal and next steps. Students outside of the Bay Area may schedule a phone appointment.

You may opt to take a break from SF State and complete your developmental course at another school (within two semesters maximum). If you wish to go this route, please contact me and let's confirm which courses will count.

Let me know your thoughts.

With respect,
Andrew Brosnan
Developmental Studies Director
abrosnan@sfsu.edu
415-338-7156



ONE SEMESTER DEVELOPMENTAL EXTENSION REQUEST FORM

DATE: _____

NAME: _____

SF STATE ID#: _____

EMAIL: _____ CONTACT # (_____) _____ - _____

ADDRESS: _____ CITY/STATE/ZIP: _____

SEMESTER REQUESTING EXTENSION FOR (check box): FALL _____ (year) SPRING _____ (year)

Developmental Math Developmental English Developmental English and Math

REASON FOR EXTENSION (check all that apply):

- Illness/Hospitalization Death in Family
- Accident Other: _____

In order to be eligible for an extension, there must be documentable extending circumstances that prevented you from completing your remediation course(s) within one academic year. You must provide documentation to support your circumstances.

The following items must be included in your appeal packet:

- Appeal Letter
- Documentation supporting your appeal letter (copies will be accepted)
- SF State unofficial transcript

PLEASE NOTE: Allow one week for your appeal to be reviewed. The final decision will be emailed to the email provided on this form. Extensions are only granted for documentable extenuating circumstances. If an appeal is granted, it is only for one semester. If you appeal is not granted, you will be provided information about completing your developmental courses elsewhere (e.g. community college).

Office Use Only: Approved/ Denied Date: _____ Signature: _____

Notes: _____

[Your Name]
[SF State ID Number]
[Street Address]
[City, ST ZIP Code]
[current preferred email]

[Date]

[Recipient Name]
Developmental Studies Director
ADM 211 at SF State

Dear [Recipient Name]:

State your purpose in this letter

Explain the circumstances that led to the issue, referring to any related documentation (medical, legal, etc.).

Explain specific steps you will take in fall to succeed

Sincerely,

[Your Name]



SAN FRANCISCO
STATE UNIVERSITY

Developmental Studies Office (ADM #211)

ONE SEMESTER EXTENSION CONTRACT

Per CSU Executive Order 665, all students must complete their developmental courses (remediation) by the end of their first year at SF State. Students who have been granted a one-semester extension to complete this requirement must follow this contract. **The extension is for one semester only.** There are no additional extensions. If you fail to comply with the conditions of this contract, it will affect your eligibility to attend SF State for the next semester.

I, _____, agree to follow the conditions of this contract. The conditions of this contract include:

1. I must enroll in _____ in the _____ semester.
2. I must pass _____ with a grade of C or better by the end of the semester. Grades of C- or below are not passing grades.
3. I understand this extension is for one semester only.
4. I will attend on campus tutoring by going to LAC (HSS # 348), CARP (HSS #346), and/or English Tutoring Center (HUM # 290).
5. I understand that if I miss more than **three** class meetings, my grade and status at SF State will be in jeopardy for the following semester.
6. I understand that if I do not pass my required remediation by the end of the semester, I will be required to complete it elsewhere before I can return to SF State.
7. I agree to contact the Developmental Studies Office in the Advising Center (ADM #211; abrosnan@sfsu.edu) if I have an emergency or have any questions, and keep staff updated on my status in the course(s).
8. I understand that this contract is void should I be academically disqualified.
9. I will participate in the following pending my individual situation: academic advising, mental health counseling, medical support, disability resources, }Other: _____ instructors' office hours, communication with my community, alone time, etc.

Name: _____ ID # _____

Signature: _____ Date: _____

Office Use only: Enrolled _____ Copy: _____

Hold Removed: _____ EXT: _____ Grade: _____