SDSU | College of Graduate Studies

Graduate Equity Fellowship Program

Graduate Program Advisor Endorsement Form

2026-2027

PART I: STUDENT INFORMATION

_____ _____ _____

Last Name First Name Middle

_____ _____

SDSU Email Address EmplID #

PART II: GRADUATE ADVISOR ENDORSEMENT

Note: This must be completed by the Graduate Program Advisor. For a list of Graduate Advisors for each program, please refer to this website: https://grad.sdsu.edu/current_grad_students/advisor_list

The Academic Standing of this student for **FALL 2026** semester will be:

Conditionally Classified ☐ Classified ☐

If Conditionally Classified, please state below the conditions and time restrictions for the student to attain Fully Classified status:

_____ _____

Graduate Advisor Name Graduate Advisor Signature

_____ _____

Department Date