

SPECIAL CONSIDERATION FOR FALL 2025 ADMISSION

Please review the Guidelines and FAQ before completing this application

Name: <input style="width: 90%;" type="text"/>	SDSU ID number (required): <input style="width: 90%;" type="text"/>
Phone #: <input style="width: 150px;" type="text"/>	E-mail: <input style="width: 250px;" type="text"/>
Mailing Address: <input style="width: 700px;" type="text"/>	
Street	City
State	Zip Code
Cal State Apply completed? Yes No	Date of Birth: <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>

<p>Enrollment Status:</p> <p><input type="radio"/> Freshman <input type="radio"/> Transfer</p> <p>Chosen Major: <input style="width: 250px;" type="text"/></p>	<p>Are you a Veteran of the U.S armed services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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<p><u>Disability:</u> (check all that apply)</p>		
<input type="checkbox"/> Math-Specific Learning Disability	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Deaf
<input type="checkbox"/> Reading-Specific Learning Disability	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Writing-Specific Learning Disability	<input type="checkbox"/> Psychological/Psychiatric	<input type="checkbox"/> Mobility Limitation
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Hard of Hearing
	<input type="checkbox"/> Communicative Disability	<input type="checkbox"/> Other: _____

TO SUBMIT THIS APPLICATION:

Please email, fax, or mail this completed form and signed acknowledgment (page 2) along with required documentation to sds@sdsu.edu or the address/fax number listed below. You are strongly encouraged to submit this application & acknowledgment as soon as possible so we can communicate any updates to you prior to the deadline.

DEADLINE for submission: Tuesday, January 7, 2025

Submission of information for the Special Consideration for Admission process is solely for use during review for admission. If accepted to San Diego State University, you will need to complete the registration process with the Student Disability Services.

Mailing Address:

Attention: Special Consideration for Admission Committee
Student Disability Services
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4740

Fax: (619) 594-4315
Email: sds@sdsu.edu
Website: sds.sdsu.edu

Required Documentation:

1. SCA Application & Acknowledgment
2. Personal Statement
3. Current verification of disability
4. Two letters of recommendation sent to SDS directly from recommenders
5. Official transcripts from all schools attended **(to be sent directly to the Office of Admissions by Tuesday, January 7, 2025)**

SPECIAL CONSIDERATION FOR FALL 2025

ADMISSION ACKNOWLEDGMENT

I acknowledge the following:

- I have carefully reviewed the Special Consideration for Admission Guidelines & FAQ.
- In order to be eligible for Special Consideration for Admission, I must first complete the Cal State Apply process.
- All required documents for Special Consideration for Admission must be submitted or postmarked by January 7, 2025.
- Letters of recommendation must be sent directly to Student Disability Services by the recommenders.
- Official transcripts must be sent directly to the SDSU Office of Admissions.
- Special Consideration for Admission does not guarantee admission to San Diego State University.
- If I am granted admission to San Diego State University, it is my responsibility to contact Student Disability Services and follow the necessary procedures to register for services and accommodations.

Student Name:

Student Signature:

Date:

SDSU Student ID number:

9 digits long, begins with "1" or "8"