

## Using 1290R Form

1290R request form is now in DocuSign. Student can now fill out the form and submit it online.

## Start

1. In the following login screen, 1) enter your full name, 2) email address, 3) click '**Begin Signing**'.

### PowerForm Signer Information

If there are other 'roles' required for this document to be completed, please enter the name and email of these other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:

**Student**

Your Name:

John Smith

Your Email:

john.smith@sjsu.edu



2. Email validation windows appear and follow the validation instructions.

### Please enter the access code to view the document



Leon Nguyen  
San Jose State University

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

.....

VALIDATE

I NEVER RECEIVED AN ACCESS CODE

Show Text

- Once login, fill out the required information, sign to complete the process.

Enter text
FINISH
OTHER ACTIONS ▾

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DocuSign Envelope ID: 34F9A3C0-B3E1-43AE-8570-2FE4100C760F

NEXT

**DEMONSTRATION DOCUMENT ONLY**  
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 999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
[www.docusign.com](http://www.docusign.com)

**SAN JOSÉ STATE UNIVERSITY**

Office of the Registrar  
Enrollment Services

San José State University  
One Washington Square  
San José, CA 95192-0009

TEL: 408-283-7500  
FAX: 408-924-2077  
registrar@sjsu.edu

### Enrollment & Grade for Retroactive 1290R Requests

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**Part I :**

SJSU ID	<input type="text" value="1234567890"/>	Last name	Crawford	First name	Jerry
Major	<input type="text" value="English"/>	Phone (cell preferred)	<input type="text" value="123-456-6789"/>	E-mail address*	gerald.crawford@gtest.sjsu.edu

\*please keep your e-mail address in MySJSU current for SJSU notification

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**Part II : Class information and grade for each term requested:**

Term(s)	5 Digit Class #	Subject area & Catalog #, e.g., ENGL 1A	Section	Units	**This section is to be filled out by Graduate Studies only		
					Grade	Yes	No
<input type="text" value="Fall"/>	<input type="text" value="12345"/>	<input type="text" value="Engl 1A"/>	01	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	01	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	01	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	01	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	01	1	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand the conditions of the Late Enrollment Request.

Sign

  

\_\_\_\_\_

Student signature

4/11/2018

\_\_\_\_\_

Date

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**Part III :** Required signature for approval:

\_\_\_\_\_

Associate Dean's of Graduate Studies printed name & signature

\_\_\_\_\_

Date

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**Part IV :** For Office of the Registrar's Use Only:

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