

**College of Business Administration
Office of Graduate Programs
Special Permission Form**

Name: _____ **Student ID:** _____
Street Address: _____ **Phone (H):** _____
City, State, Zip: _____ **Phone (W):** _____
Email: _____ **Major:** _____

Student Status:

- Admitted (Semester _____ Year _____)
- CSUSM Employee
- Open University

Student Level:

- Pre-MBA
- MBA

State the nature of, and justification for, your request. If you are petitioning to take CoBA courses, please list the course abbreviation, number, and CRN.

_____ **Student Signature**

_____ **Date**

Official Use Only			
<input type="radio"/> Approved	<input type="radio"/> Denied	Remarks:	_____

_____ MBA Committee Signature		_____ MBA Director	
_____ Date		_____ Date	