



SPECIAL PERMISSION FORM

(Please print clearly)

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

Student Status:

Student Level:

- Admitted (Semester _____ Year _____)
- Open University
 - If applied for admission indicate (Semester _____ Year _____)
 - Previous Open University with CoBA (Semester _____ Year _____)
- CSUSM Employee
 - Previous permission for CoBA courses (Semester _____ Year _____)

- Undergraduate
- Post Bac

State the reason 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:	_____

_____	_____	_____	_____
Associate Dean Signature	Date	Associate Dean's Designee	Date