

College of Business Administration (CoBA) MBA Program Special Permission Form

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

Student Status:

- Admitted (Term _____ Year _____)
- Applicant (Applying for: Term _____ Year _____)
- Open University
- CSUSM Employee

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: _____

_____ Director of Graduate Studies	_____ Date