

## College of Business Administration (CoBA) MBA Program GMAT/GRE Waiver 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

**Program:**

- FEMBA
- SMBA

**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.**

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Official Use Only

Approved    Denied   Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director of Graduate Programs   Date