

MBA PROGRAM ALL PURPOSE FORM

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Name: _____

ID Number: _____

Home Address: _____

Day Phone: _____

Evening Phone: _____

Email: _____

COMPLETE ONE FORM FOR EACH REQUEST

1. REQUEST FOR WAIVER:

Attach supporting documents such as a course description and/or syllabus.

CSUN course to be waived: _____

Course(s) submitted for waiver: _____

From the following University: _____

2. REQUEST FOR CLASSIFICATION:

You must complete ALL of the conditions of your admission to the MBA program BEFORE submitting your request for classification.

Upper Division Writing Proficiency Exam (month and year): _____

Concentration: _____

Completion Option: _____ Comprehensive Exam _____ MBA Consulting Project

GRADUATE OFFICE USE ONLY

Approved _____

Denied _____

Director of Graduate Programs

Comments: _____
