



MBA Student Services
100 Rockefeller Road, Suite 3042
Livingston Campus
Piscataway, NJ 08854
848-445-4046 fax: 732-445-5817

Student's program should email or fax this form ASAP

**Request for Special Permission Form -
MBA Program-Fall 2017**

(matriculated students from other RU Graduate programs)

Date: _____ **Semester:** _____

Name: _____ **RUID** _____

Email: _____ **Phone#** _____

Program currently matriculated in: _____

GPA: _____ **Years of Work Experience:** _____

Course(s) Requested in the MBA Program:

Course: _____ **Index/Campus:** _____

Course: _____ **Index/Campus:** _____

Student: _____ **Date:** _____

Note: by signing this form I have acknowledged I have completed any proficiencies/prerequisites for this course(s) as required by the MBA Program. If I am found to be deficient, I understand I will be dropped immediately. Transcript may be required.

Requesting student's:

Adviser/Dean: _____ **Date:** _____

By signing this form I am confirming our student is in good Academic Standing with a minimum GPA of 3.2

MBA Student Services: _____ **Date:** _____

RBS Dept Chair: _____ **Date:** _____

(if required)

If approved, the student will be emailed the special permission number. Depending on the course, please allow a minimum of 1 week for processing. Registration for any course(s) for students from Non-MBA programs must be handled with the student's school/home registrar