



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

These requests must come from the department and not directly from the students 5 weeks after MBA registration for electives: 5/20/19-Core and foundation courses after new student orientation 8/21/19

**Request for Special Permission Form –
MBA Program-Fall 2019
*(Matriculated students from other RU Graduate programs)***

Date: _____ Semester: _____

Name: _____ RUID _____

Email: _____ Phone# _____

Program currently matriculated in: _____

GPA: _____ Years of Work Experience: _____

Course Requested in the MBA Program:

Course Name: _____

Course Number/Section/**Index**: _____

Student Name (print): _____ RUID# _____

Student Signature: _____ 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.

Advisor/Dean Signature: _____ Date: _____

By signing this form I am confirming our student is in good Academic Standing with a minimum GPA of 3.2 and satisfies all pre-requisites for the course.

MBA Student Services: _____ Date: _____

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.