Department of Management

BUS 497A Strategic Management/Capstone
Permission Number Request Form
SUMMER 2017

Last Name: ___________________________  First Name: ___________________________

Student ID: __________________________ Major/Minor: ___________________________

Phone Number: _______________________  Email Address: ________________________@my.csun.edu

NOTES:
1. You must attach a copy of your DPR to this form
2. Send completed form and DPR to mgtmkt@csun.edu (Send in PDF Formats)
3. This request will not be processed until after your priority registration appointment

   Registration Date/Time: __________________________

4. Any permission number issued will be valid for only 2 hours.

CLASS CHOICE:

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<th>Course Needed</th>
<th>Class Number</th>
<th>Repeat?</th>
<th>Comments</th>
<th>Permission No.</th>
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FOR DEPARTMENT USE ONLY:

☐  Summer 2017 Graduation Date.

☐  Pre-requisites Completed

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