



MBA Program Services
ACTION SHEET

This is a "fillable form"; please **print** or **type**, sign and submit to the MBA Program Services, Tahoe Hall 1030 or attach to an email addressed to mps@csus.edu.

Name _____ Student ID # _____
Last First Middle

Address _____ Daytime Phone _____
Number Street

_____ E-mail _____
City State Zip Code

MBA Concentration _____

REQUEST (When filling out PDF version, click below the word "Request" and begin typing; text will auto-wrap.)

FACULTY / MPS ADVISOR Approve _____ Deny _____

Comments: _____

Advisor Name (please PRINT legibly) _____

Advisor Signature _____ Date _____

TO BE COMPLETED BY MBA PROGRAM SERVICES OFFICE:			Upper Division	Graduate	Initials _____
Is the course upper division or graduate level (if required)?	NO	YES			
Is the University an AACSB accredited institution?	NO	YES			
Is the course GPA 2.0 for Foundation or 3.0 for Program Requirement?	NO	YES			Date _____
Is the course within 7 years of admission for Foundation or 7 years of graduation for Core?	NO	YES			