SACRAMENTO STATE
COLLEGE OF BUSINESS ADMINISTRATON

FOUNDATION COURSE WAIVER REQUEST

Part I. INSTRUCTIONS TO STUDENTS

- **Section A:** Please type your answers to each question. You must list your Sac State Student ID number
- **Section B:** Please check the box next to the **ONE** foundation course you are trying to challenge. A separate form must be completed for each Foundation course waiver request.
- **Section C:** Include required attachments listed in this section. The Faculty reviewer may, at a later date, require originals of the pdf documents. You **must** save your statement & supporting documents as pdfs into this form as pages 2+. Submit as ONE pdf document. ***Scan attachments & email required items in Section C as additional pdf pages added to the bottom of this form.***
- **Submit the form:** To the MBA Program Services (MPS) Office at mps@csus.edu The MPS will submit the form with included attachments to the appropriate Faculty for review. During the regular Fall and Spring Semesters results will be emailed to you at the email address given below approximately fifteen working days after a ***complete*** waiver request form is submitted to MPS.

A. Name _____ Sac State ID#_____
Last First MI

Email_____ Day Phone_____

Evening/Cell Phone_____

I am submitting a Foundation Course Waiver Request based on:

☐ Professional Work Experience and/or
☐ Professional or Academic Qualifications (requires additional documentation in section C below)

B. SELECT THE ONE SAC STATE COLLEGE OF BUSINESS FOUNDATION COURSE FOR WHICH WAIVER IS REQUESTED:

MBA 201 ☐ 0☐ ☐ MBA 203 ☐ MBA 206 ☐ ECON 204 ☐

C. REQUIRED ATTACHMENTS *(request is not complete & will not be reviewed w/o scanned copies of required attachments)*

Statement explaining how professional work experience has provided appropriate knowledge in specific foundation course listed in Section B
Current Resume
Current Job Description (include a supervisor name and contact information for verification)

If requesting waiver based on "professional or academic qualifications" in addition to the above you must *also* include:
Proof of professional or academic qualification(s) (proof of license [CPA, CFA etc..] or certifications) scanned original.

PART II. TO BE COMPLETED BY FACULTY (Email form with decision WRPSV#FVVGUDVRQIRUGQLDO)

☐ I need additional information_____

_____

➲ In my judgment, the student has the appropriate ***professional qualification(s)*** to grant waiver of requested Foundation course.
YES ☐ NO ☐

➲ In my judgment, the student has the appropriate ***academic qualification(s)*** to grant waiver of requested Foundation course.
YES ☐ NO ☐

➲ In my judgment, the student has the appropriate ***professional work experience*** to grant waiver of requested Foundation course.
YES ☐ NO ☐

Reason for denial of request (REQUIRED): _____

_____

_____

_____ _____ _____
Signature of Faculty Reviewer Faculty **Print** Name Date