

CALIFORNIA POLYTECHNIC STATE UNIVERSITY
College of Business
Graduate Programs

GSB 500 – Independent Study

Request for Permission Number

Student Name (Please type or print)

Student No.

Tel No. (Local)

Email Address

Quarter/Year

Faculty Advisor

Graduate Programs Signature

Faculty Advisor Signature

Permission Number Assigned: _____

Section Number Assigned: _____

Description of Independent Study Project _____

Office Use Only

Comments: _____
