

**CALIFORNIA POLYTECHNIC STATE UNIVERSITY**  
**College of Business**  
**Graduate Programs**

**GSB 539 – Graduate Internship**

**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 Internship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Comments:

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