Business Administration Minors

Request to Take an Upper-Division Business Administration Course

Requested Semeste	r:					
Student Name:			-	Student ID:		
SSU Email:	@sonom	a.edu	Phone # ()		
Do you expect to gr	semester requested a	above?	Yes	□No		
Prerequisites for re	questing to ta	ake upper-division Bu	ısiness C	ourse:		
Upper DivisJunior StandUD Business	ion Business o ding is require s Elective: mu	PLETED and passed wi courses. If currently end d for all minors prior st meet the prerequis	<i>nrolled ir</i> to enrol	n <i>230A, write in "</i> Iment in Upper-D	<i>IP" for Grade</i> Division Busin	ess courses.
Proof of Completion SSU Course	n: Term/Year	Substitute Course		Institution		Grade
BUS 230A	Territy rear	Substitute course		mstration		Grade
*If applicable: U.D. Prerequisite						
	·	PER DIVISION (
	*If course req	uires prerequisite, pleas	se indicat		-	
	1		Office Us	e Only	_	
COURSE		Class # (i.e. 1234)		Action		Date
1.						
2.						

Fall 2019 5.2019