Request for Special Problems Course

Submission of this completed form constitutes an enrollment form for a Special Problems course.

Student Name: ___________________________   Student Identification No.: ______-____-______

Term: [ ] Fall  [ ] Winter  [ ] Spring  [ ] Spring II  [ ] Summer I  [ ] Summer II  [ ] Year

Year: 20____

Course Number (include subject prefix): ____________   Credits: ____

Is this course going to be used to fulfill Curricular Practical Training requirements (for credit)?  [ ] Yes  [ ] No

If you are enrolling into SDOE800/801 (ONLY):

Employer:

How do you intend to pay for this course:  [ ] Self-pay  [ ] Corporate Reimbursement  [ ] Other (specify): __________________________

Title of Problem: __________________________

Name of Instructor: __________________________

Approval Signatures:

INSTRUCTOR             DATE

DEPARTMENT DIRECTOR            DATE

REGISTRAR             DATE