



Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
201.216.5210
FAX 201.216.8030
Office of the Registrar
registrar@stevens.edu
http://www.stevens.edu/registrar

Request for a Course By Application

Submission of this completed form constitutes an enrollment form for a Course by Application.
The course will appear on the record as the Course Number followed by a CA section.

Student Name: \_\_\_\_\_ Student Identification No.: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Period Covered: [ ] Fall [ ] Winter [ ] Spring [ ] Spring II [ ] Summer I [ ] Summer II 20\_\_\_\_

Course Number (include subject prefix): \_\_\_\_\_ Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_

Need for this Course: \_\_\_\_\_

Approval Signatures:

CONSENTING INSTRUCTOR SIGNATURE DATE
The instructor certifies that, in his opinion, the student who completes this course by application will have met the requirements with the same grade as if he had taken the course of the same number as listed in the current catalog.

DEPARTMENT DIRECTOR DATE
Does this course require extra compensation? [ ] Yes [ ] No Note: Extra compensation is not paid during the academic year.

DEAN OF UNDERGRADUATE ACADEMICS (UNDERGRADUATES) / DEAN OF GRADUATE ACADEMICS (GRADUATES) DATE