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Request for Special Problems Course

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

Student Name: Student Identification No.:

Period Covered: Fall Winter Spring Spring II Summer I Summer II 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:

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