



**STEVENS**  
 INSTITUTE of TECHNOLOGY  
 THE INNOVATION UNIVERSITY

Stevens Institute of Technology  
 Castle Point on Hudson  
 Hoboken, NJ 07030-5991  
 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.: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

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

Year: 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