



**STEVENS**  
 INSTITUTE of TECHNOLOGY  
 THE INNOVATION UNIVERSITY

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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.: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

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