



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 Summer I Summer II Year
 Year: 20____

Course Number (include subject prefix): _____ Credits: _____

Title of Problem: _____

Brief description of the Problem: _____

Describe how this project will contribute to your educational development: _____

Rubric for Grading (Instructor): _____

Approval Signatures:

 STUDENT DATE

 INSTRUCTOR (Print and Sign) DATE

 DEPARTMENT DIRECTOR DATE

 OFFICE OF GRADUATE EDUCATION (Not needed for SYS and FE Special Problems) DATE

 REGISTRAR DATE