



STEVENS
 INSTITUTE of TECHNOLOGY
 THE INNOVATION UNIVERSITY

Office of the Registrar
 Stevens Institute of Technology
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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 (CWID) No.:** _____

Term: Fall Winter Spring Summer I Summer II Y Term
Year: 20____

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

Course Title: _____

Need for this Course: _____

Signatures:

STUDENT **DATE**

CONSENTING INSTRUCTOR (Print name and Sign) **DATE**
 The instructor certifies that, in his/her 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) / OFFICE OF GRADUATE EDUCATION (GRADUATES) **DATE**

REGISTRAR'S OFFICE **DATE**