

**Special Problems Course Request Form
CVE 491/492**

Name of Student: _____

Student ID: _____

Semester Taken: _____

Number of Credits (1-6 cr.): _____

Project Title: _____

Project Description (including objective(s), procedures, intended final product, etc.):

Required Signatures:

Faculty advisor for course: _____ Date: _____

Department Chair: _____ Date: _____

