

Department of Mechanical and Aerospace Engineering

PERMISSION TO ENROLL IN MAE 491 (Special Problems)

I, _____ verify that I am supervising
Faculty Name (please print name)

the below-named student in the course MAE 491. Please give him/her permission to
enroll in _____ units of MAE 491 for the _____ Semester.

Student Name: _____

Student I.D. # _____

Address: _____

Home Phone #: _____

Work Phone #: _____

Fax: _____

E-Mail: _____

Previously enrolled in MAE 491? _____ Yes _____ No

of units enrolled (previously) _____

Student Signature _____ Date _____

Faculty Supervisor Signature _____ Date _____

Undergraduate Advisor _____ Date _____

Department Chair _____ Date _____

**Contact the MAE Administrative Support Coordinator (ECS-635) to submit this form, obtain
a course code number, and a permit to register**