Undergraduate Independent Study (ISP) Registration Form

Instructions: Please complete all questions and obtain authorizing signature(s) from your ISP advisor(s). Return form to the Registrar’s Office.

Part I: Please Print – to be completed by student

Name: ___________________________________  Student ID: ___ ___ ___ ___ ___ ___ ___ ___ ___
Email: ___________________________________  Class Year: ___________  Major: _________________

1. Is this ISP Activity equivalent to an existing WPI course:  ______ No  ______ Yes

If Yes, Which Course?  Subject: __________  Course Number: __ __ __ __

Course Name: _______________________________________________________________________

ISP Number:  Advisor Code: ___ ___ ___  Topic Code: ___ ___ ___  ISP Number: ___ ___ ___

Please print advisor name: _______________________________________________________________________

2. Title of ISP: _____________________________________________________________________________

3. Term of ISP registration: _____________  Amount of Units/Credit: ___________________________________________________________________________

Part II: Please Print – to be completed by advisor

4. If activity is NOT equivalent to an existing WPI course, please provide a breakdown of how this activity is
to be coded for graduation distribution requirements:

   ___ 100% Basic Science  ___ 100% Bio Lab
   ___ 100% Humanities  ___ 100% Engineering Science
   ___ 100% Mathematical Science  ___ 100% Social Science
   ___ 100% Engineering Design  ___ 100% Computer Science
   ___ 100% Electrical and Computer Engineering  ___ 100% Management
   ___ 100% Biomedical Engineering  ___ 100% Physics

Please indicate level of activity:  ___ 1000  ___ 2000  ___ 3000  ___ 4000

(please explain): ___________________________________________________________________________

ISP Advisor Signature: ___________________________________________  Date: _____________

5. Capstone Design Experience: Does this ISP meet the Capstone Design for this student’s respective

___major/ ___minor?  ___ Yes  ___ No

ISP Advisor Capstone signature: ___________________________________________  Date: _____________

Note: Redefinition of credit will take place after ISP credit has been graded