

HUA Inquiry Seminar/Practicum Registration Form

Student Name _____

WPI Student ID # _____ Email address _____

HU 39 _____ CRN _____ Course Title _____

Instructor _____ Term/Year _____

Before I consider your request to join my Inquiry Seminar or Practicum, please list the 5 HUA courses you have already taken or plan to take:

Course #	Course name (approximately)	Term/Year	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check all that apply:

____ At least **one** of these courses is **not** in the intellectual cluster I have chosen for depth.

____ At least **two** of these courses are in the area or discipline of my Inquiry Seminar or Practicum.

____ At least **one** of the courses in the area or discipline of my Inquiry Seminar or Practicum is at the 2000 level or higher.

____ I have not completed an Inquiry Seminar or Practicum. (Inquiry Seminars and Practicums are intended to be taken *only once*).

Student Signature _____

Instructor Signature _____

If this seminar/practicum registration form causes an overload please get your academic advisor's signature:

Academic Advisor: _____

Please note: If by the time this Seminar or Practicum begins you have not completed all 5 HUA courses, including at least one in an area of "breadth" and at least two in an area of "depth," including one at the 2000 level or above, you will not be allowed to continue in this Inquiry Seminar or Practicum.