

WORCESTER POLYTECHNIC INSTITUTE

IQP REGISTRATION FORM

NAME _____

CLASS YEAR _____ MAJOR _____

ID # _____

E-MAIL ADDRESS _____

IQP DIVISION

PROJECT TITLE _____

CHECK ALL BOXES THAT APPLY:

LIMIT = 30 CHARCTERS (INCLUDING SPACES)

PROJECT LOCATION

PQP TERM/YEAR PQP UNITS

- All IQP work will be done at WPI (on campus).
 IQP work will be done partially or entirely OFF CAMPUS.

IQP TERMS/YEAR

(for example, A02, B02, C03, D03, or E03)

PROJECT SPONSOR (with or without financial support)

IQP UNITS

(for example, 1, 1/3, 1/6)

- This IQP is NOT externally sponsored.
 This IQP IS externally sponsored.

SPONSOR NAME

FACULTY CODE / SEQUENCE NUMBER

FOUR (4) ALPHA-NUMERIC
CHARACTERS

PROJECT CTR. / SPONSOR LOCATION (City, State, Country)

CO-ADVISOR NAME

- Sponsor will NOT provide separate work for pay.
 Sponsor will provide separate work for pay.

- IQP will NOT include the use of HUMAN subjects in any way.
 IQP will include the non-exempt use of HUMAN subjects.

NOTE: The students and faculty advisor(s) are required to abide
by the human subjects policy as described on
<http://www.wpi.edu/Academics/Projects/humansubjects.html>

- Registration of this project will NOT result in a course **OVERLOAD** in one or more terms.
 Registration of this project will result in a course **OVERLOAD** in one or more terms.

**IN SIGNING BELOW, YOU ATTEST THAT THIS FORM IS COMPLETE AND ACCURATE,
AND THAT THIS IQP ADHERES TO ALL WPI POLICIES AND STANDARDS, TO THE BEST OF YOUR KNOWLEDGE.**

STUDENT SIGNATURE _____ Date _____

IQP ADVISOR-OF-RECORD SIGNATURE _____ Date _____

SIGNATURES SHOULD BE AFFIXED ONLY AFTER THIS FORM IS COMPLETELY FILLED OUT.

**IF THIS PROJECT REQUIRES THE STUDENT TO RESIDE OFF CAMPUS (NOT AT A PROJECT CENTER), AND
THE REQUIREMENTS SET FORTH BY THE PROVOST'S ISRP PROCESS HAVE BEEN MET, THE SIGNATURE
OF AN AUTHORIZED IGSD ADMINISTRATOR IS REQUIRED BELOW.**

IGSD SIGNATURE _____ Date _____