



Office of the Registrar
 100 Institute Road, Worcester, MA 01609
 Ph: (508)-831-5211
 Fax: (508)-831-5931

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

Additional Information

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
 (select one)

Other (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: _____
 (signature required for Capstone)

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