## Worcester Polytechnic Institute Office of the Registrar

## **Undergraduate Independent Study (ISU) Registration Form**

Please Print				
Student Name:		Student ID:		
Student Signature:		Class Year:	Major:	Date:
Is this ISU Activity a substitut	ion for a specific WPI o	course on the degree audi	it?	
YES, Subject	Course #	Course Name:		
NO, Please specify ex	cactly where on the degre	ee audit this ISU should be	e used.	
ISU should be	used to satisfy this spec	ific requirement on audit:		
OR				
ISU does not s	satisfy a specific requirer	ment on audit and will just	be used as a Free El	ective.
ISP Information				
Maximum 30 Characters Includ	ing Spaces – Please use t	the lines provided for you	to stay within the lin	nit.
Title of ISU:	· <u></u>			
Subject Code (Ex: ME):	_ Term of ISU registration	on: Amo	ount of Units/Credit:	
Level of ISU:	000 2000	3000 4000		
Is this ISU being used for the s	student's Minor Capsto	one?		
Yes, ISU instructor signature (Signature require No	e: ed for Minor Capstone)		Date:	
ISP Instructor Approval				
Please print ISU instructor name		WPI Assigned Faculty Initials:		
ISU instructor Signature:				Date:
Overload Approval Approval from your academic a academic and/or financial overlo		the Office of Academic A	dvising is required i	f this ISU will put you into an
Academic Advisor Signature: _				Date:
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Please submit completed form to the Office of the Registrar, First Floor Daniels Hall. 508-831-5211 (tel) 508-831-5931 (fax)