



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

Undergraduate Transfer Credit Authorization Form

Instructions: Please complete the following information requested below and return the form to the Office of the Registrar in Daniels Hall.

Important Information: After successful completion of the course, request an official transcript of your grade to be sent to Office of the Registrar, 100 Institute Road, Worcester, MA 01609. Credit will appear on the Web Information System once it has been posted.

Part I: Please Print

Name: _____ Student ID: _____

Email: _____ Year: _____ Major: _____

Part II: Please Print

Transfer Course Information

The abovementioned student has our approval to take the following course at a regionally accredited post-secondary institution. (Excludes non-credit, continuing education, and adult enrichment courses – for further information please refer to the Undergrad Catalog)

Course # _____ Title _____

Credits _____ Name of College _____

I intend to take this course: Summer 20 _____ Fall 20 _____ Spring 20 _____

*I plan to take this course on-line: Yes No

Department Head Approval to take this course on-line: _____

**Some departments do NOT accept on-line courses. Please confirm with the relevant department before taking any on-line course.*

I plan to take this course as an Intersession course: Yes No

Department Head Approval to take this Intersession Course: _____

Part III:

WPI Course Equivalent and Approval

(To be completed by the Department Head)

Course # _____ Title _____

Minimum Grade for Obtaining Credit _____ Units** _____ Grade earned _____
 (after receipt of transcript)

**Generally 3 credit hours = 1/3 unit

Department Head Signature _____

Date _____

Worcester Polytechnic Institute

Office of the Registrar

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

PLEASE PRINT

Name: _____ Student ID: _____

Class Year: _____ Major: _____

1. Is this ISP Activity a substitution for a specific WPI course on the degree audit?

YES, Subject _____ Course # _____ Course Name: _____

NO, Please specify exactly where on the degree audit this ISP should be used.

ISP should be used to satisfy this specific requirement on audit: _____

OR

ISP does not satisfy a specific requirement on audit and will just be used as a Free Elective.

2. ISP Information

Subject Code (Ex: ME): _____ Title of ISP: _____

Please print advisor name: _____ ISP Advisor Initials: _____

Term of ISP registration: _____ Amount of Units/Credit: _____

Level of ISP: 1000 2000 3000 4000

3. Student Signature: _____ Date: _____

4. ISP Advisor Signature: _____ Date: _____

5. Capstone Design Experience: Does this ISP meet the Capstone Design for this student's respective major or minor?

Yes ISP Advisor *Capstone* signature: _____ Date: _____
(Signature required for Capstone)

No

6. Academic advisor's signature is required ONLY if this ISP will put the student into an academic and/or financial overload.

Academic Advisor: _____ Date: _____

508-831-5211 (tel) 508-831-5931 (fax)

100 Institute Road, Worcester MA 01609-2280
wpi.edu/+registrar

dr:9/9/15