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: ___________________________

☐ No ___________________________

(Signature required for Capstone)

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