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