

Independent Study/Advanced Study Projects (ISP/ASP) Authorization Request Form

Name _____ Penn ID _____

Telephone (____) _____ Email Address _____

I would like to register for (Course Title) _____ Term _____

Course No. _____ (Department Administrator will assign)
Department Course No. Section No. Credit Units

Instructor _____ Signature _____ Date _____

Department Administrator _____ Signature _____ Date _____

I agree to oversee the completion of this ISP/ASP. This ISP/ASP contains sufficient materials to constitute an ISP/ASP in my department.

For Joint ISP/ASP Projects (projects which include or may be credited to more than one department)

Instructor/Department #2 _____ Department _____

Signature _____ Date _____

Administrator/Department #2 _____

Signature _____ Date _____

I agree to oversee the completion of this ISP/ASP along with the faculty member in the other department. This ISP/ASP contains sufficient materials to constitute an ISP/ASP in my department. I will discuss with the other faculty member in the other department how the project is to be graded.

Instructions

- Complete this form
- Obtain approval and signature of faculty member(s) who will supervise the course, departmental administrator, and MBA Program Office (300 Jon M. Huntsman Hall)
- Keep a copy for your records
- Submit completed form to MBA Program Office (300 Jon M. Huntsman Hall)