

REGISTRATION FORM FOR ISP 398-0

Student's name _____ ID# _____

Quarter and academic year _____

Professor directing this 398-0 _____

Department _____

Please give a brief description of the project to be undertaken.

Are regular meetings with the professor directing this project required? _____

If so, when? _____

How is a grade to be determined? (P/N not allowed)

Signature of Student _____

Signature of Professor Directing Research _____

Signature of ISP Director _____