



**READINGS/INDEPENDENT STUDY/ UNDERGRADUATE RESEARCH PROJECT/  
OUT OF CLASSROOM EXPERIENCE REGISTRATION FORM**

Office of the Registrar

**INSTRUCTIONS:** This form is due back to the Registrar by the Add Deadline in the catalog. Please make a photocopy for your own records. **Please allow 7-10 days for processing.**

**STUDENT:** Fill in Part 1. Have the instructor who will work with you complete Part 2. If you are registering for more than one Undergraduate Research Project, you must obtain the signature (approval) of your advisor. Your advisor must complete Part III. After obtaining the necessary signature submit this form to the Registrar's Office by the Add Deadline.

**INSTRUCTOR:** If you agree to work with the student on an Independent Study course or Undergraduate Research Project, complete Part 2 being sure to sign this form and include your Rensselaer Identification number. Return the form to the student who will submit it to the Registrar.

**ADVISOR:** Students registering for more than one Undergraduate Research Project must have advisor approval. After signing and dating Part III return this form to the student who will then submit it to the Registrar. Your signature implies that the student's URP has intellectual content relevant to the student's educational goals and is consistent with the student's degree requirements.

**PART 1:** (To be completed by the Student)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Rensselaer ID #: \_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_ Day phone: \_\_\_\_\_

Term/Year: Fall \_\_\_\_ yr Spring \_\_\_\_ yr Summer \_\_\_\_ yr Session 1 \_\_\_\_ Session 2 \_\_\_\_ Session 3 \_\_\_\_

Subject Code (e.g. DSES, MATH): |\_\_| |\_\_| |\_\_| |\_\_|

**OFFICE USE ONLY**  
CRN#: \_\_\_\_\_

Circle One: 200 Level 400 Level 600 Level

Check One: \_\_\_\_ Independent Study \_\_\_\_ Undergraduate Research Project  
\_\_\_\_ Out of Classroom Experience (Science Majors only)  
\_\_\_\_ 4950 Senior Experience (Chemistry Seniors only)

Course Title: \_\_\_\_\_

**(MAXIMUM 30 CHARACTERS INCLUDING SPACES AND PUNCTUATION)**

Number of Credit hours for this independent study, URP or OCE: \_\_\_\_\_

(The total number of URP credits in any semester must range between 1 and 4 credit hours, through one or multiple URP projects.)

**Part 2:** (To be completed by the Instructor)

Print Instructor's Name: \_\_\_\_\_  
(Last name, first, initial)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Instructor's RIN #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Part 3:** (To be completed by the student's advisor)

Advisor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(3/2008) (advisor approval is necessary when the student is enrolling in more than one URP)