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 __________________________
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)