

University of Kentucky
Independent Study Program
One Frazee Hall
Lexington, Kentucky 40506-0031

EXAMINATION REQUEST FORM

THIS FORM MUST BE COMPLETED AND RETURNED TO THE INDEPENDENT STUDY PROGRAM
IN ORDER FOR YOUR EXAM TO BE MAILED TO YOUR HIGH SCHOOL!!!

Student's Name: _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Course Name: _____ Enrollment Number: _____

Send Exam to:

Guidance Counselor's Name: _____

School's Name: _____

School's Address: _____

City: _____ State: _____ Zip Code: _____

For Office Use Only:

Exam Request Received: _____ Phone: _____ or Mail: _____

Exam Request Not Sent Due To the Following:

Missing Assignments: _____

Incomplete Assignments: _____

Multiple Failed Assignments: _____