Independent Study Program – University of Kentucky
10 Funkhouser Building, Lexington KY 40506-0054

High School and Middle School Registration

SS#: _____ Date: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

County: _____ Home Phone: _____

Date of Birth: _____ E-mail Address: _____

If available, I would like to submit assignments by email ☐ *(check box)*

Course Name: _____ Semester: 1st _____ 2nd _____

Course Name: _____ Semester: 1st _____ 2nd _____

Have you ever enrolled in a course from Independent Study at the University of Kentucky? ☐ Yes ☐ No

_____ _____
Signature of Guidance Counselor or Principal Name of School