

UNIVERSITY OF KENTUCKY INDEPENDENT STUDY PROGRAM

Date: _____

Social Security #: _____ Date of Birth: _____
month day year

Name: _____
first middle last (maiden)

Home Address _____
number & street city state zip code

Are you currently enrolled at UK? Yes No If yes, college? _____

Have you ever attended the University of Kentucky? Yes No

If yes, what college? _____ Date of last enrollment: _____
semester & year

What other colleges have you attended? _____ Date: _____

College credit earned to date: through correspondence _____ as resident student _____

Expected date of completion of degree requirements: _____

If you are a UK student, are you on probation? Yes No

If yes, have you been dropped? Yes No

Have you been reinstated? Yes No When? _____

What prerequisites have you had for the course(s)? _____

Course(s) for which you are enrolling:

1. Department _____ Course Number _____

2. Department _____ Course Number _____

For Office Use Only: *Dean Approved:* _____ Date: _____

DEAN