

Independent Study Program - University Of Kentucky  
Room 1 Frazee Hall, Lexington KY 40506-0031  
**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: \_\_\_\_\_

Course Name: \_\_\_\_\_ Semester: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Course Name: \_\_\_\_\_ Semester: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

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 High School

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