This course will **not** be a transfer course from the University of Kentucky (UK). **This online course must be approved by an advisor at your chosen school.** The faculty advisor will issue the student an independent study course number. **The course must be taken as an independent study from YOUR Chosen School. UK does not issue the credit for your student(s) transcript.**

UK will supply all of the scores to the chosen advisor who will determine the grade to be issued. After the course is approved by an advisor who has signed this form with the needed information, student(s) will be able to access the course. UK will provide the advisor with the percentage score from the tests once the course has been completed. **At that time the course advisor will provide the student(s) with the final grade and post the grade with the registrar at the chosen school for course credit on the transcript(s) at that school.**

**UK Individual rate:** Students pay $500.00 each.

**Group rate:** A school may inquire about a group discounted rate for 20 or more students by emailing hwchap1@uky.edu.

Advisor, please complete the following and return to the University of Kentucky, College of Nursing, Continuing Education Office at hwchap1@uky.edu or at the mailing address above.

**ADVISOR (all three must be checked)**

☐ I will provide an independent study number.

☐ I will post their grade with the registrar.

☐ I will accept the correspondence for the(se) student(s).

**Student list:** (please name all students approved to take this course)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

School Name: _______________________________________________________

Independent Study Course ID: __________________________________________

University Faculty Member (print name): ________________________________

Faculty Member signature: ________________________________ (electronic signature accepted)

☐ Check to indicate electronic signature

Faculty Member email address: __________________________________________