

Independent Study

Exam Request Form

Please print clearly.

Student Code _____

Student Name _____

Mailing Address _____

City/State/ZIP _____

Country _____

Daytime Phone _____

E-mail _____

Check the exam to be scheduled:

1 2 3 4 Midterm Final

Course prefix and title _____

Date exam is desired _____

Time desired _____

Proctor's Name _____

Proctor's Title _____

Institution/Organization _____

Address _____

City/State/ZIP/Country _____

Phone _____

E-mail _____

■ Before you submit your exam request, check your course to make sure you are eligible to take the exam.

■ See welcome letter for student code.

■ You may submit an exam request in one of the following four ways. To take the exam at our office, we must receive your exam request at least three business days prior to your desired exam date.

- 1) Complete the exam request form at our Web site: *ContinuingEd.ku.edu/is*
- 2) Fax your exam request form to (785) 864-7895. When faxing your request, please use black ink.
- 3) Mail your exam request form:
Exam Request
Independent Study Student Services
1515 St. Andrews Drive
Lawrence, KS 66047-1625
- 4) Submit your form in person:
Monday to Friday, 8:00 a.m. to 5:00 p.m.
Independent Study Student Services
1515 St. Andrews Drive, Lawrence

It's your responsibility to remember the date and time of your exam.

■ Complete this information only if you are taking your exam **outside** the KUCE Independent Study office at 1515 St. Andrews Drive. We must receive your request at least two weeks prior to your desired exam date.

For office use only.

AJ _____ Missing _____ Form _____ Enrollment Date _____