



# College Students Enrollment application for Independent Study, 2008-09

Date _____
MOE _____
Office use only

**Mail or fax to** The University of Kansas  
 KU Independent Study  
 1515 St. Andrews Dr.  
 Lawrence, KS 66047-1625  
 Fax: (785) 864-7895

**Contact Independent Study:**  
 (785) 864-7886 or toll-free (877) 404-5823  
 E-mail: [enroll@ku.edu](mailto:enroll@ku.edu)

Online enrollment form: [www.ContinuingEd.ku.edu/is](http://www.ContinuingEd.ku.edu/is)

## Applicant information: Please print or type both sides of this application.

Legal name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Other names under which records may be found \_\_\_\_\_  
Month Day Year

Mailing address \_\_\_\_\_ Daytime telephone number \_\_\_\_\_  
Inside city limits? Number and street  
 Yes  
 No  
City and state County ZIP +4 Country

Permanent address \_\_\_\_\_ Permanent telephone number \_\_\_\_\_  
(if different from above) Number and street  
City and state County ZIP +4 Country

E-mail address \_\_\_\_\_ Country of citizenship \_\_\_\_\_

## Educational status

List college or university you are attending \_\_\_\_\_ Are you currently enrolled? \_\_\_\_\_

Do you have an undergraduate degree? \_\_\_\_\_ Academic level (circle one): Fr So Jr Sr Graduate

Have you ever been a student at KU or applied for admission to KU?  Yes  No If you are a current or former KU student, circle school in which you are/were enrolled: Liberal Arts Allied Health Architecture Business Education Engineering Fine Arts Journalism Pharmacy Social Welfare Graduate Other (please specify) \_\_\_\_\_

If you are a current or former KU student, please give your KUID number \_\_\_\_\_

## General information

I am outside the continental United States or on active military duty and request a 12-month time allowance.  Yes  No

How did you hear about Independent Study? \_\_\_\_\_

Please check if you need special accommodations or have a learning disability; Independent Study staff will contact you.

I need this course(s) for  A degree program  Salary increment/job advancement  Teacher (re)licensure  
 Personal satisfaction  College entrance requirement

If other reason, please explain \_\_\_\_\_

If you need to complete your course by a certain date, please list that date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Safety and Crime on Campus**  
 The annual security report about KU safety policies, crime statistics, and campus resources is available online at [www.ku.edu/safety](http://www.ku.edu/safety) or on paper by contacting the Office of the Vice Provost for Student Success, Strong Hall, 1450 Jayhawk Blvd., Room 133, Lawrence, KS 66045-7535, (785) 864-4060. KU affords all of its students their full rights as required by the Family Educational Rights and Privacy Act. See [www.registrar.ku.edu](http://www.registrar.ku.edu) for the complete policy.

I understand that my time allowance for this course is nine months from the date of enrollment. By submitting this enrollment form, I indicate that I understand and accept the regulations in the Course Enrollment and General Information sections of the Independent Study Catalog.

## Courses desired (See Course Credit.)

### COURSE FEE

1. \_\_\_\_\_  
Course prefix Title Credit hours

Tuition/Fees \$ \_\_\_\_\_  
 Materials\* \$ \_\_\_\_\_

List course prerequisites taken if required \_\_\_\_\_

If course is for undergraduate credit, check here \_\_\_\_\_ and choose one of the following:

\_\_\_\_ Letter grade for credit      \_\_\_\_ Credit/No credit      \_\_\_\_ Noncredit  
(A-F) (A-C) / (D-F) (no grade on transcript)

If course is for graduate credit, check here \_\_\_\_\_ and contact our office. Additional fees and paperwork are required.

2. \_\_\_\_\_  
Course prefix Title Credit hours

Tuition/Fees \$ \_\_\_\_\_  
 Materials\* \$ \_\_\_\_\_

List course prerequisites taken if required \_\_\_\_\_

If course is for undergraduate credit, check here \_\_\_\_\_ and choose one of the following:

\_\_\_\_ Letter grade for credit      \_\_\_\_ Credit/No credit      \_\_\_\_ Noncredit  
(A-F) (A-C) / (D-F) (no grade on transcript)

If course is for graduate credit, check here \_\_\_\_\_ and contact our office. Additional fees and paperwork are required.

\*Kansas tax is determined by the destination to which course materials are shipped. Apply your applicable local and state tax rate to the **materials amount only**. Sales tax does not apply if shipment is outside of Kansas. Kansas sales tax information can be found at [www.ksrevenue.org/eservices.htm](http://www.ksrevenue.org/eservices.htm).

Kansas sales tax\* \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

## Method of payment

All course fees must be paid in full at the time of enrollment.

Make your check payable to **THE UNIVERSITY OF KANSAS**.

Textbook fees are separate. Refer to the textbook order form for information and to order texts.

\_\_\_\_ Check enclosed, payable to **THE UNIVERSITY OF KANSAS**

\_\_\_\_ Charge to (credit card company): \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card (print) \_\_\_\_\_

Mailing address \_\_\_\_\_  
Number and street

\_\_\_\_\_  
City and state ZIP code Daytime phone (\_\_\_\_) \_\_\_\_\_

## Course approval requirements

Undergraduate KU students enrolled in Allied Health, Architecture, Business, Education, and Pharmacy must secure approval of an adviser and the dean's office of their school before enrolling.

KU Schools  
Place Dean's Stamp  
Here

Students enrolled at other institutions should follow the regulations of their schools.

Adviser's name \_\_\_\_\_  
(please print)

Adviser's signature \_\_\_\_\_

Official title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_  
Number and street

\_\_\_\_\_  
City and state ZIP code

Telephone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_