UNIVERSITY OF PIKEVILLE
REQUEST FOR ___DIRECTED INDEPENDENT STUDY
___DIRECTED RESEARCH ___INTERNSHIP ___PRACTICUM

Student Information:
Name ___________________________ ID # __________________
Mailing Address __________________________________________
Telephone _______________ E-mail __________________ Classification (Circle One): FR SO JR SR
Major __________________________________ GPA __________________
Credit Hours Earned ___________________________ Credit Hours Enrolled __________
Course Department & Number __________________________________________________
Title __________________________________________________________
Term ______________________________ Credit Hours __________ Is the course in the catalog? YES NO
Reason(s) for Request __________________________________________
________________________________________________________________________
________________________________________________________________________
Location: ___On-Campus ___Off-Campus Supervisor’s Name: __________________________
Schedule of Meeting Times _________________________________________________

ATTACH A COPY OF THE COURSE OUTLINE

Other Information: ________________________________________________________
________________________________________________________________________
________________________________________________________________________
University of Pikeville Instructor __________________ Signature ________________ Date
Advisor __________________ Signature ________________ Date
Division Chair __________________ Signature ________________ Date
Dean ______________________ Signature ________________ Date

FOR OFFICE USE ONLY
Fee: $_____________
Processed By: __________________________ Date: ___________________

Revised July 2013