

# UNIVERSITY OF PIKEVILLE

## REQUEST FOR

(mark as appropriate)

DIRECTED INDEPENDENT STUDY

INTERNSHIP

DIRECTED RESEARCH

PRACTICUM

*All directed independent study, directed research, internship and practicum courses are subject to regular tuition charges and a \$75 per credit hour fee (maximum \$300/course) to offset instructional costs.*

### **Student Information:**

Name \_\_\_\_\_ UPIKE ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_

Class (Circle One): FR SO JR SR MBA TLP    Credit Hours Earned \_\_\_\_\_ Credit Hours Enrolled \_\_\_\_\_

### **Course Information:**

Course Department and Number \_\_\_\_\_ Term \_\_\_\_\_

Title \_\_\_\_\_ Is the course in the catalog? YES NO

Credit Hours \_\_\_\_\_ UPIKE Instructor \_\_\_\_\_

Location:     On-Campus     Off-Campus

Off-Campus Location \_\_\_\_\_

Off-Site Supervisor's Name \_\_\_\_\_

Off-Site Supervisor's Address \_\_\_\_\_

Off-Site Supervisor's Phone \_\_\_\_\_

Schedule of Meeting Times \_\_\_\_\_

Reason(s) for Request \_\_\_\_\_

### **ATTACH A COPY OF THE COURSE SYLLABUS AND OTHER NECESSARY INFORMATION**

University of Pikeville Instructor \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Chair (If applicable) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Fee: \$ \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Revised February 2018