

UNIVERSITY OF NEBRASKA—COLLEGE INDEPENDENT STUDY PROGRAM

Date	mm	dd	yy
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2010E

Student Information

Please type or print.

For assistance, please contact us at (402) 472-2175 or toll-free (866) 700-4747.

Student's legal name

\_\_\_\_\_

Last First Middle

SS# or UNL ID# \_\_\_\_\_

Current address

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province/Country \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (required) \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Permanent Address (if different than current)

Shipping Address (if different than current)

<p>Street _____</p> <p>City _____</p> <p>State/Province/Country _____ Zip _____</p> <p>( )</p> <p>Phone _____</p>	<p>Street _____</p> <p>City _____</p> <p>State/Province/Country _____ Zip _____</p> <p>( )</p> <p>Phone _____</p>
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Name and location of high school from which you graduated: \_\_\_\_\_ Year: \_\_\_\_\_

Are you, or have you ever been a University of Nebraska student?  Yes  No

From what institution will you earn your degree?  UNL  UNO  UNK  UNMC  Other \_\_\_\_\_

<p>Date of Birth (required)</p> <p>____ / ____ / ____</p> <p>(Month/Day/Year)</p> <p>Gender (required) <input type="checkbox"/> F or <input type="checkbox"/> M</p>	<p>U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Ethnic Origin (optional) Check one:</b></p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other</p> <p><input type="checkbox"/> African American/Black <input type="checkbox"/> I prefer not to provide this info</p> <p><input type="checkbox"/> Hispanic American</p>
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What is your primary reason for using independent study as an educational option?

<input type="checkbox"/> Accelerating progress	<input type="checkbox"/> Professional/career advancement	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Meeting graduation requirement	<input type="checkbox"/> Scheduling conflict	
<input type="checkbox"/> Course not offered locally	<input type="checkbox"/> Earning credit over the summer	_____
<input type="checkbox"/> Personal enrichment	<input type="checkbox"/> Completing prerequisites	

How did you learn about our program?

<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Referral
<input type="checkbox"/> Web/Internet	(Name) _____
<input type="checkbox"/> UNL Independent Study Catalog	(School/Organization) _____
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher
<input type="checkbox"/> Event/Conference	<input type="checkbox"/> Employer <input type="checkbox"/> Adviser
	<input type="checkbox"/> Friend

