

INDEPENDENT STUDY CREDIT REQUEST

Applicant Information (Please print or type.)

Submitted by		
Title		
Address		
City/State/Zip		
Phone	Fax	Email

A maximum of six outside credit hours will be approved for each level of either the POESI or Community Safety and Health programs. Please complete one of these forms for each resource (video, DVD, CD or book borrowed from the KLC Resource Library). Use back of form if necessary.

Title of Resource	Length of Time Invested
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Resource Survey

List three concepts learned from this program.

1. _____ 2. _____ 3. _____

What information can you put into action immediately?

Describe how you would handle a recent or future situation if you knew then, what you know now. (Provide a specific example.)

What other topics would be beneficial for your training needs?

Resource Library Information

Please rate the overall effectiveness of the program (circle number).

1	2	3	4	5
Poor	Fair	Average	Above Average	Excellent

Please tell us how you learned about our Resource Library.

- www.klc.org KLC Staff Member Other _____
 Printed Catalog City Employee Referral

Viewer Signature _____ Date _____

For Office Use Only	
Credit Hours	
Notes	
Approved By	
Date	

Please return this form with your resources to:

Kentucky League of Cities
 c/o Barb Pace
 100 East Vine Street, Suite 800
 Lexington, Kentucky 40507-3700