

Independent Study Application

Name: _____ Grade: _____ Date: _____

Department: _____ Course: _____

Prerequisite Course: _____ Credit: _____

Semester/Year Applied For: _____ / 20____ - 20____

Parent Signature

Student Signature

Standards addressed/assessed by this course:
(to be completed by cooperating teacher)

Activities to be completed that will demonstrate mastery of the above stated standards:

Calculate the number of hours per week to be engaged in these activities (timeline of activities/projects to be attached):

Program requirements to determine successful completion of independent study
(to be completed by Division Chair Administrator):

Check All That Apply:

- Semester Exam(s) Required
- Quarterly Meeting With Division Chair Administrator to Monitor Progress Toward Standards
- Required Project to Demonstrate Mastery (Date due: _____)
- Other: _____

Special circumstances to be considered for successful completion of independent study option: _____

(Signatures)

ف Approved

ف Denied

Reason(s) for denial: _____

Division Chair

Counselor

Cooperating Teacher

(If Approved)

Cooperating Teacher Agreeing to Monitor: _____

Attachments required:

Timeline for activity/project completion

Grading scale

Other: _____

Unless taken as Pass/Grade, the department grading scale will be used to assign letter grades on a regularly scheduled basis.