

Application for Independent Study

Student Name: _____

Grade: _____

Requested Trimester (Circle One): Tri 1 Tri 2 Tri 3

Requested Hour (Circle One): 1 2 3 4 5

Name of Course: _____

How does this area relate to your future career or college plans? _____

Is the content of this Independent Study identical to that of a specific course in the curriculum guide?

Yes If yes, which course?: _____

No If no, please complete the form on the back.

Independent Study Contract

The Independent Study Program is intended to provide another method of learning for highly motivated students. Participation may be limited due to facility availability and teacher participation is voluntary.

Student (please initial each and sign below)

_____ I have discussed the Independent Study with a teacher of my choice and that teacher has agreed to take me as an Independent Study student for the hour(s) and trimester(s) indicated.

_____ I understand that I must be under the direct supervision of the teacher at all times.

_____ I understand that my grade in Independent Study will be recorded on my transcript. If the class is a board-approved class, it will be calculated into my GPA. If it is not a board-approved class, it will not be calculated into my GPA.

_____ *If the class is not in the course guide, I have filled out the unit plans, materials, & assessments (on the form on the back) and they are appropriate for the time frame indicated.*

_____ I understand that my Independent Study can't be approved until the first day of the trimester for which I've applied and will only be approved if the teacher's class loads are under contractual limits. I have enrolled into a different course in case I'm not admitted into this one.

Student Signature: _____ Date: _____

Parent (please initial each and sign below)

_____ I support my son/daughter's enrollment in Independent Study and understand how the class will affect his/her transcript/GPA.

Parent Signature: _____ Date: _____

Teacher (please initial each and sign below)

_____ I have discussed a plan with the student and agree to take the student on as an Independent Study in the _____ hour(s) and trimester(s) indicated.

_____ I agree to provide direct supervision for the student at all times.

_____ I have approved the units, materials, assessments, and time frame for the course (if applicable).

_____ I understand Independent Study students cannot be assigned during my prep period or if my regular course load has reached maximum capacity per contractual limits.

Teacher Signature: _____ Date: _____

Printed Name: _____

*If the Independent Study is different from an existing course, please fill out the form below.
This can be a separate sheet, if necessary.*

Units of Study	Materials Used	Assessments	Time Frame

Approved

Not Approved Reason: _____

Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____