

APPLICATION FOR INDEPENDENT STUDY

Student Name: \_\_\_\_\_ Class of \_\_\_\_\_

Trimester requested: \_\_\_\_\_ Hour requested: \_\_\_\_\_

Area or subject of Interest: \_\_\_\_\_

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 \_\_\_\_ No If Yes, which course? \_\_\_\_\_

If no, please fill out the following: (This can be a separate sheet if necessary)

Units of study	Materials used	Assessments	Time frame

Please complete the back side and obtain required signatures before turning in to the counseling office.

## 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.
- I have filled out the unit plans, materials, assessments on page one and they are appropriate for the time frame indicated (if applicable)
- 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 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/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher (please initial each and sign below)

- I have discussed the independent study with the student and agree to take the student on as an independent study in the hour(s) and trimester(s) indicated on page one.
- 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 can't be assigned on my prep or if my regular course load has reached maximum capacity per contractual limits.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved
- Not Approved reason: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_