



Independent Study Application Form

PROPOSED COURSE TITLE:	STUDENT NAME:

TO BE COMPLETED BY STUDENT APPLICANT AND COUNSELOR

Explain the area of study you would like to pursue. Please indicate why you believe an independent study is the appropriate way to continue your learning.

How does this independent study fit into your graduation plan?

TO BE COMPLETED BY STUDENT AND INDEPENDENT STUDY ADVISOR

Outline the learning to take place during the independent study. Include appropriate meetings, benchmarks and deadlines.

Describe the finished product to be completed by the student.

Explain how the final product will be evaluated. Attach a rubric if appropriate.

TO BE COMPLETED BY INDEPENDENT STUDY ADVISOR

Course Term	Assignment of Final Grade	Course Credit
<input type="checkbox"/> Year Long	<input type="checkbox"/> Letter Grade	<input type="checkbox"/> 0.5 Credits
<input type="checkbox"/> Semester 1 Only	<input type="checkbox"/> Pass/Fail	<input type="checkbox"/> 1.0 Credit
<input type="checkbox"/> Semester 2 Only		<input type="checkbox"/> No Credit

* Regardless of credit received, the grade for the independent study will appear on the student's transcript.

Teacher Name:	Teacher Signature:	Date Submitted:

TO BE COMPLETED BY COUNSELOR, ADVISOR, STUDENT AND FAMILY

Academic Progress:

The independent study advisor will monitor student progress and report student achievement of benchmarks as scheduled throughout the school term in which the independent study is proposed.

Independent Study Academic Release:

I understand and agree that I have selected the above referenced course as an independent study and agree to the academic/grading guidelines* which are preliminarily herein stated above.

**Academic/grading guidelines may be subject to change upon Board's review of the application for independent study*

Student Signature	Parent Signature
Student Email Address	Parent Email Address
Student ID Number	Counselor Signature

TO BE COMPLETED BY DISTRICT ADMINISTRATION

This Independent Study course is recommended for consideration to the Principal and Superintendent designee:

Principal Signature	Superintendent or Designee Signature

Administrative Comments:

Approved:	Date Approved:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Alternative Instruction Methods					
	Independent Study	Credit Recovery	Acceleration	Retake	Enrichment	Foreign Exchange
Graduation Plan discussed with family and counselor	Yes	Yes	Yes	Yes	Yes	Yes
Application for Approval	Yes	Yes	Yes	No (Requested through the yearly scheduling process)	Only if desired to be recorded on student's transcript	Yes
Recorded on Transcript?	Yes	Yes	Option to be recorded in notes section	Yes	Option to be recorded in notes section	Yes, as Pass/Fail
Calculated into GPA	Optional	No	No	Yes	No	No
Credit Awarded	Yes option for 0.5 or 1.0 credit	Yes option for 0.5 or 1.0 credit (Up to six credits)	No	No	No	Yes
Option for Honors Weight	No	No	No	For honors and AP courses only	No	For AP courses only