

Independent Study Form

This form must be completed, including all required signatures, and submitted to Mrs. Gottfried in the Guidance office before it will become a part of your program.

Date _____

Student Name _____

Grade _____

Course Name _____

Course # _____

Teacher _____

Department _____

Grading: P/F or Grade (circle one)

Credit: .5 or 1 (circle one)

Level: Regular, Honors, AP (circle one)

Terms: Fall, Spring or Year (circle one)

Final Exam: Yes or No (circle one)

Period: All courses will be scheduled for period 10, Day B unless another period, or days(s) is specified below

Period meeting _____, Days A B AB (circle one)

Guidance Counselor _____

Curriculum: Please explain the course expectations.

Signatures:

Independent Study Coordinator: _____

Department Head: _____

Sponsor: _____

Parent: _____

Student: _____