

**Highland Park High School  
INDEPENDENT STUDY REQUEST FORM**

**I.D. #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Counselor** \_\_\_\_\_

Title of Proposed Study \_\_\_\_\_

Reason for Request:

Current Schedule:

1 _____	4 _____	7 _____
2 _____	5 _____	8 _____
3 _____	6 _____	9 _____

Complete the reverse side of this form by describing the proposed study, then obtain the required signatures and return the form to A-233 by the third week of the semester. Please note that under most circumstances, Independent studies will receive level 2 credit. See the Program of Studies for details.

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I have reviewed this request and I support it.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Counselor

I have reviewed this student's request and support it. I have also reviewed this with \_\_\_\_\_, the sponsoring teacher, and I support that assignment.

\_\_\_\_\_  
Department Chairperson

I approve the request.

\_\_\_\_\_  
Assistant Principal

## DESCRIPTIVE INFORMATION

1. Title of Study \_\_\_\_\_

2. Will the Study be: \_\_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_\_ Full Year

3. Objectives of Study

a.

b.

c.

d.

e.

4. Listing of major resources to be used in the Study

a.

b.

c.

d.

e.

5. Procedures for the Study (meetings, interviews, researching, etc.)

6. For the Sponsor

How will this Study be evaluated? (papers, projects, tests, etc.)

\_\_\_\_\_  
Teacher