

## REQUEST FOR INDEPENDENT STUDY

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Year in School: 9 10 11 12

Course Title: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Course Designation (circle one):    **Honors**    **Standard**    **Survey**

*Written Proposal: Submit to **Department Chair** a statement describing the objectives, the mechanics of meeting time, the nature of the final product, and the evaluation procedures related to the independent study project.*

I request to take the Independent Study course for (check one):     Sem 1 only     Sem 2 only     Sem 1&2

Credit Options: \*Students requesting HONORS level must choose pass/fail (check one of the options below)

Grade OR     Pass/Fail (If the course is taken pass/fail, you must complete the pass/fail request below)

**Student: Sign and obtain Parent/Guardian, Teacher, and Department Chair signatures and return the form to Counselor.**

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Parent/Guardian Signature)*

\_\_\_\_\_  
*(Teacher Signature)*

\_\_\_\_\_  
*(Department Chair Signature)*

\_\_\_\_\_  
*(Counselor Signature)*

**Counselor: Please attach a Schedule Change Form**

**DEADLINES:    By the end of the 8<sup>th</sup> week of each semester**

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### REQUEST FOR INDEPENDENT STUDY COURSE TO BE PLACED ON PASS/FAIL

I request to take the above course on a pass/fail basis and accept the conditions set forth in the pass/fail guidelines.

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Parent/Guardian Signature)*

*The pass/fail guidelines are available in the Program of Studies.*

**Student: Your signature is required. Obtain Parent/Guardian, Teacher, and Department Chair signatures and return this form to your Counselor by scheduled due date.**