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.

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: _____1st Semester _____2nd 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