



**STUDENT PROPOSED INDEPENDENT STUDY**

**Student Name:** \_\_\_\_\_

**Title: of Independent Study:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_

**Room Number:** \_\_\_\_\_ **Period:** \_\_\_\_\_

**Study Sponsor (if off campus):** \_\_\_\_\_

**Conditions for Independent Study**

- The student has completed a minimum of 60 credits towards graduation;
- The student has achieved a grade of 80 or better in all pre-requisite courses in the subject areas requested;
- The student must carry at least 6 courses plus Physical Education before an independent study may be considered during the regular academic school year;
- **Attach a *detailed* description of your independent study or request will be denied.**
- Student is required to keep a log or a record of their progress;
- Advisor is required to evaluate the student's work each marking period and issue a **PASS/FAIL** grade.



**# of Credits**\_\_\_\_\_ Credits will be applied toward graduation but are excluded from GPA.

\_\_\_\_\_  
**Mr. Tallamy, Principal**

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

\_\_\_\_\_  
**Academic Supervisor**

\_\_\_\_\_  
**Mrs. Lembo, Director of Guidance**

\_\_\_\_\_  
**Mr. Campbell, Director of Curriculum**

**Student and Parent Acknowledgement:**

I understand the conditions listed above. I give permission for my child to provide his/her own transportation to any off-campus location, including permission to drive (if applicable).

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Student Signature**

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

