

CRETIN-DERHAM HALL

INDEPENDENT STUDY APPLICATION AND CONTRACT

STUDENT NAME: _____

TRIMESTER: _____

TEACHER NAME: _____

CLASS HOUR: _____

COURSE NAME: _____

ROOM: _____

CIRCLE ONE: Pass/Fail OR Letter grade: College Prep level or
Advanced level or
Honors level

SCHOOL YEAR: _____

YEAR OF GRADUATION: _____

DESCRIPTION OF INDEPENDENT STUDY

To be completed by instructor. Please attach syllabus if applicable.

OBJECTIVES/GOALS: e.g. expected outcomes, questions to be answered, and skills to be acquired:

PROCEDURE/STUDENT ACCOUNTABILITY: e.g. kind(s) of activity, timetable (including meetings with the teacher), total number of hours the student will work alone each week and how will the instructor monitor this time:

EVALUATION PROCEDURE: e.g. tapes, demonstration of skills, reference from teacher, paper:

I understand this Independent Study will give me 1 credit with a Pass/Fail or Letter Grade if I satisfy all the requirements listed. I also understand that if I choose to take the Independent Study for a grade; that grade will be averaged into my Grade Point Average.

Student

Teacher

Parent

Ms. Passman, Principal

PLEASE RETURN THIS COMPLETED FORM TO MS. CARROLL, IN THE COUNSELING DEPARTMENT