



## Independent Study Request Form

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Student Full Name: \_\_\_\_\_

Evaluating Instructor: \_\_\_\_\_

Department: \_\_\_\_\_

Course: \_\_\_\_\_

Credit: \_\_\_\_\_ Trimester: \_\_\_\_\_

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

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

Includes the Following:

- ☐ Instructional Objectives (attached)
- ☐ Outline (attached)
- ☐ Assessment – criteria and methods (attached)

The above plan is approved by:

\_\_\_\_\_  
Student date

\_\_\_\_\_  
Guidance counselor date

\_\_\_\_\_  
Evaluating instructor date

\_\_\_\_\_  
Parent/ guardian date

\_\_\_\_\_  
Principal/ designee date

\_\_\_\_\_  
Superintendent/designee date

\_\_\_\_\_  
Curriculum leader date  
(participating dept.)

\_\_\_\_\_  
Department head date  
(participating dept.)