

INDEPENDENT STUDY CONTRACT

Name _____ Grade _____ Date _____

Duration of Contract (circle one) Semester 1 Semester 2 Year

I. I will study _____

II. The reason for my taking this independent study is: _____

III. An outline of the topics to be studied (*developed cooperatively by student and teacher*) is:

Outline Topic

Learning Activities

Evaluation of Achievement

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

(If more space is needed, additional pages may be added.)

IV. My previous course work and experiences that have prepared me to do this study are:

V. I will meet with my sponsor regularly, as indicated: Interval (Daily, weekly, etc.)_____

VI. When appropriate for attendance purposes, I will check in each day prior to my independent study hour.

VII. A. The cost (if any) to me will be_____

B. The cost (if any) to the school will be_____

C. If there is to be any cost, indicate the nature of the expenses:_____

VIII. I am aware that failure to show sufficient progress within two weeks from the date of acceptance will result in dissolution of this contract.

SIGNED:

WHEN APPROVED, RETURN COPIES AS FOLLOWS:

- White - Student
- Yellow - Sponsoring Teacher
- Pink - Registrar's Office

Student Applicant

Sponsoring Teacher

Date received by Registrar's Office:_____

Parent/Guardian

Approved, if signed below:

Principal or Designee