## BRUNSWICK HIGH SCHOOL INDEPENDENT STUDY CONTRACT

\_\_\_\_\_ is applying for an independent Study
First Name Grade Level

which is for advanced work beyond the regular curriculum and is not offered during the time period requested for this study nor is it a scheduled advanced placement course. This program is designed to allow a student to pursue areas of personal interest on his/her own time with a teacher that will direct and supervise learning activities.

I. INSTRUCTIONAL PLAN (Attach pages if additional space is needed)

Academic Area		

Supervising Teacher\_\_\_\_\_

Start Date\_\_\_\_\_ Completion Date\_\_\_\_\_

PLEASE ATTACH ADDITIONAL SHEET(S) WHEN ANSWERING LETTERS A – E

A. INSTRUCTIONAL ACTIVITIES (be specific):

B. MATERIALS TO BE USED (be specific):

C. WHERE WILL THIS CLASS BE HELD? (describe):

- D. WHEN AND HOW OFTEN WILL THE STUDENT AND TEACHER MEET? (be specific)
- E. PERFORMANCE EVALUATION (criteria and/or method):

## **II.** INDEPENDENT STUDY GUIDELINES

- A. The independent study application must be completed and submitted within the first two weeks of a new semester.
- B. A Pass/Fail grade will be assigned at the completion of the work unless otherwise negotiated.
- C. All grades are eligible to apply for Independent Study.
- D. A student may only do one Independent Study course per semester.
- E. A maximum of .50 credit can be earned in an Independent Study course.
- F. Independent Study courses are considered elective courses and may not be substituted for a required course nor do Independent Studies count as one of the 6 required courses.

H. Students who do not fulfill the requirements and standards of the Independent Study will receive a failing grade for the semester. If there is difficulty in the fulfillment of the Independent Study requirements, students should be withdrawn immediately. If a student withdraws from an Independent Study after the 4th week of the course, the student's report card and transcript will show Withdrew and grade at time of withdrawal.

## III. PRE-APPROVAL

	Parent Signature	Date	Student Signature	Date		
	Supervising Teacher	Date	Department Head Signature	Date		
	If plan is followed, the cr	edit granted will be	2			
	Counselor Signature	Date	Student Services Coordinator Signature	Date		
IV. VER	RIFICATION Verification by the instru	ctor that work was	completed and credit should be issued	is as follows:		
	PowerSchool Verification Received					
Office Use	Only:					
Grade Give	en					
Credit App	lied					
Signature_		_	Date			