

GRAND RAPIDS CHRISTIAN HIGH SCHOOL
Independent Study Application

DATE: _____

TO BE COMPLETED BY STUDENT:

NAME: _____ FR. _____ SO. _____ JR. _____ SR. _____

COURSE NAME: _____

WHEN YOU WILL BE TAKING THE COURSE:

1ST SEMESTER: _____ 2ND SEMESTER _____ SUMMER: _____ OTHER: _____

REASON FOR TAKING INDEPENDENT STUDY: _____

TO BE COMPLETED BY SUPERVISING TEACHER:

NAME: _____

METHOD OF EVALUATION: _____

TEACHER SIGNATURE: _____ DATE: _____

ADDITIONAL SIGNATURES NEEDED:

STUDENT: _____ DATE: _____

PARENT: _____ DATE: _____

COUNSELOR: _____ DATE: _____

PAYMENT AMOUNT: _____ CHECK NUMBER: _____

WHEN COMPLETED PLEASE RETURN TO REGISTRAR.