



Bridgewater-Raritan Regional School District

Bridgewater-Raritan Regional High School

Application for Option II Credit Independent Study/Service Learning

N.J.A.C. 6A: 8-5.1(a) 2

Section 1

Student Name: _____ Current Grade: _____

School Counselor: _____ Date of Application: _____

Section 2

Name of Course/Program: _____

School: _____ Location: _____

Section 3

Reason for Request (Please check one box; attach additional sheets as necessary):

Independent Study:

Explain below interest in this area; goal(s); outline of curriculum; resources; methods of research & analysis

Service Learning:

Explain below interest in this area; goal(s); outline of services to be provided

Start Date: _____

Credits Requested: _____

**End Date: _____

****Documents verifying completion of Option II experience must be submitted within two (2) weeks of this date.**



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Section 4 – Academic Supervisor Review

I have reviewed the request for Option II credit and have determined the following:

- Approved - **is** sufficiently aligned with BRHS and New Jersey Core Content Curriculum Standards.
- Not Approved – **does not** sufficiently align with BRHS and New Jersey Core Content Curriculum Standards.

Comments: _____

Academic Supervisor Signature: _____ Date: _____

Section 5

Signatures below acknowledge that you have read and understand the responsibilities and requirements for participation in Option II Credit Attainment:

- Completion and submission of all required documents to the Principal's Option II Credit Review Committee prior to established deadlines.
- Procurement of an advisor/mentor who will oversee the completion of approved credit experience. Independent Study advisors must be certified BRHS staff members.
- Individual responsibility to meet any additional criteria required by participating institutions.
- Grades will be designated on BRHS transcripts as "P" (Pass) or "U" (Fail) and will not be calculated in a student's overall Grade Point Average (GPA). Course dropped after published drop/add dates will be recorded as "withdrawn" on BRHS transcripts

Will this Independent Study/Service Learning Experience occur during regular school hours? Yes No

If yes, indicate how often (daily, weekly, etc.) you will meet with your mentor, where (classroom) and during which period? _____

** Service Learning approved during regular school hours require that the student report to a specified classroom – this will be indicated on his/her BRHS schedule.**

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Advisor/Mentor Signature: _____ Date: _____

School Counselor Signature: _____ Date: _____

Section 6 (to be completed by committee staff only)

- Approved in the following category:
- Independent Study _____ Credits
- Service Learning _____ Credits

Not approved

Comments: _____

Principal Signature: _____ Date: _____