



In Schedule: _____

School Year _____

Special Topics Application & Contract

Date: _____

Student Name: _____ Year of Graduation: _____

Semester _____ Hour you are requesting the Independent Study _____

Reason for Special Topic application:

The proposed study area provides an enhanced insight of existing curriculum.

A scheduling conflict exists.

Dual enrollment is unavailable in the proposed study area.

DHS does not offer a course in the proposed study area.

Proposed Topic of Study:

Semester Outline – Please include a written description or attach a syllabus that identifies and describes the class

Performance Standards/Assessment Criteria: Describe how the Special Topics class will be evaluated. (ex. Journal/Log, Final Project, other.)

Special Topic Review Committee (Signatures Required):

This teacher will periodically review your program and provide the final evaluation. The advising teacher will be responsible for daily contact, attendance, and submitting grades.

Advising Teacher: _____ Teachers signature: _____

Application and Contract Signatures:

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Counselor signature: _____ Date: _____

Principal signature: _____ Date: _____

All applications are due before the beginning of the semester

Counseling Office _____