



Fox Lane High School

Independent Study Proposal



Date: _____ Title of Proposed Project: _____

Student Name: _____ Grade Level: _____

Independent Study Description:

Attach a typed detailed description of your independent study to this form. The description must address the goals and rationale of the study. Keep in mind that the description should reflect the following criteria points:

- The independent study shall be academically rigorous
- The independent study will be based on a syllabus on file for each independent study
- The independent study will be of comparable scope and quality to classroom work

Time-Line for Project:

Start Date: _____ Completion Date: _____

Meeting Schedule: _____

Student Signature:	
Parent Name:	Parent Signature:
Faculty Sponsor:	Signature:
Dept. Coordinator:	Signature:
Guidance Counselor:	Signature:

For Office Use Only

Accepted: _____ Denied: _____ Date: _____

Credit Attempted: .5 or 1.0 *Circle one*

Comments:

Signature of Principal: _____ Date: _____