Fox Lane High School
Independent Study Application

Date: _____

Student Name: _____ Grade Level: _____

Title of Proposed Project: _____

Project Description *(goals & rationale)*:

A one-page, typed description of your project must be attached to this form.

Timeline for Project:

Start Date: _____

Meeting Schedule: _____

Completion Date: _____

Independent Study Proposal

Credits attempted: .5 or 1.0 (Circle one) **Date:** _____

Faculty Sponsor: _____ Signature: _____

Parent: _____ Signature: _____

Department Coordinator: _____ Signature: _____

Guidance Counselor: _____ Signature: _____

Principal: _____ Signature: _____

For Office Use Only–Final Meeting

Accepted: _____ Denied: _____ Date: _____ Credit Earned: .5 or 1.0
(Circle one)

Comments: _____

_____

Signature of Principal: _____ Date: _____