Walled Lake Central High School
Independent Study Application

Student’s Name __________________________________________________________ Grade _________

Semester Requested 1st _______ 2nd _______ Either _______ Full Year _______

Independent Study Course Requested __________________________________________ Hour _________

* Independent Study (I.S.) provides a unique opportunity for students to elect a course of study in a setting other than the regular classroom, so that particular interests, skills, or competencies may be enhanced or pursued.

Guidelines

Please Note these guidelines. They WILL be strictly adhered to when considering I.S. applications.

1. Limited to students in grades 11 and 12 only. I.S. may be elected for a semester or a year.
2. Students must have demonstrated clear proficiency in the field of study elected.
3. A teacher may recommend a student for I.S., or a student may initiate his own request.
4. An application must be submitted to the counselor with the topic to be studied and the teacher who will direct the study. This application will indicate the topic to be studied, an outline of techniques and procedures the student will use in his/her study, and the expected outcomes.
5. The application once signed by the directing teacher should be given to the department chair for a signature and then returned to the counselor for signature of the counselor and principal.
6. Daily attendance is expected.

* It is expected that the project will be of such quality and depth that the considerable freedom afforded the student is warranted. It is further expected that the student will present periodic evidence of his/her work so that a progress report, ten (10) week and final mark may be given to that student. This program is designed to provide a needed experience for the highly talented student.

Student Signature ___________________________ Date __________________________

Parent Signature ___________________________ Date __________________________
* I have reviewed the attached proposal and believe that this would be a good learning experience for my son/daughter.

Teacher Advisor Signature ___________________________ Date __________________________
* I have reviewed the attached proposal and believe that this would be a good learning experience for my son/daughter.

Department Chair Signature ___________________________ Date __________________________

Counselor Signature ___________________________ Date __________________________

Principal Signature ___________________________ Date __________________________