



INDEPENDENT STUDY AGREEMENT

School Year _____

Student Name _____ Grade Level _____

Course Title _____

Teacher Name _____ Room _____

Grading Option Graded _____ Pass/Fail _____

Semester First _____ Second _____ Both _____

Credit 0.5 _____ 1.0 _____

This section to be completed by teacher:

List the reason the Independent Study will be offered:

Outline the specific activities that will be required of the student including all written and reading assignments:

Student Signature

Date

Teacher Signature

Date

Parent Signature

Date

Counselor Signature

Date

Principal Signature

Date