

Independent Study (IS) Form
(rev 06/2017)

Student Name: _____ YOG: _____ House: _____

Independent Study Title: _____

If this is an existing CVU course offering, please specify? _____

Start and End Dates: _____

IS Teacher: _____

Additional criteria:

Clearly defined outcomes for the IS, which includes assessment criteria, amount of credit to be earned, responsibilities of the individuals involved, and timelines should be included in the description of the independent study. Since academic credit can only be awarded by a certified professional, the teacher must hold secondary school certification in the proposed area of study. The description of the study or course syllabus should be attached to this form.

Credit for an independent study will be awarded by the IS teacher after successful completion. The study will be shown on the student transcript as IS: "Independent Study Title".

Approval for an Independent Study must be received prior to the start of the course.

Curriculum area in which credit is being requested (please circle):

English Math Science Social Studies Fine Art Practical Art PE Health Elective

Student Signature

Date

Parent Signature

Date

____ credit in _____ curriculum area will be awarded upon successful completion of this course.

House Counselor Signature

Date

IS Teacher Signature

Date

Curriculum Director Signature

Date