

MONSON HIGH SCHOOL

Request for Independent Study

Student's Name:

Grade:

Date:

Title of Project:

1. Detailed course outcomes:
2. Outline the goals of your study:
3. What will be the tangible results?
4. How will you profit by this study?
5. The length of time to complete the study will be:
6. The academic credit requested for the successful completion of this study will be:
7. How often will you meet with the advising teacher?
8. The proposed dates for the completion of significant stages of the study will be:
9. The proposed method of evaluation will be:
10. Additional information:

Student Signature

Advising Teacher Signature

Parent Signature

Teaching and Learning Council Chair Signature

Principal Signature