

Grayling High School Independent Study Application

Name _____

Grade _____

Date of Application _____

Program of study proposed _____

Reason for request _____

Course start date _____

Course end date _____

Amount of credit to be granted upon completion _____

A specific contract for completion of this course must be attached to this form. The contract must contain objectives and method of evaluation, as well as general lesson plans.

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I have read this application and the attached written contract and agree that it is an appropriate educational experience.

\_\_\_\_\_  
Student signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent signature

Date \_\_\_\_\_

\_\_\_\_\_  
Supervising teacher signature & hours available for Ind Study

Date \_\_\_\_\_

\_\_\_\_\_  
Counselor signature

Date \_\_\_\_\_

\_\_\_\_\_  
Principal signature

Date \_\_\_\_\_