Imbler School District 11	Code: **IHG-AR** Revised/Reviewed: 2/01; 5/20/14 Orig. Code(s): 7436

Independent Study

Student Name	Graduation Year	Date of Application
Title of Project	Length of Time For Project	Proposed Completion Date

Definition of Project: _____

_____

Project Goals (Relate to District Goals and Course Goals if possible): _____

_____

Learning Activities: _____

_____

Location(s) of Independent Study: _____

Anticipated Learning Outcomes (Relate to District Performance Indicators if possible):_____

_____

Form(s) of Evaluation: _____

_____

Amount of Credit to be Awarded: _____ Comments: _____

Student Agreement: I hereby agree to accept full responsibility for the independent study project outlined above.

_____
Student Signature

Approval of Proposal: I give my permission for this student to work on the proposed project.

Parent Signature	Counselor Signature
Supervising Teacher Signature	Principal Signature

Date Project _____ Completed Grade _____ Credit_____

_____
Supervising Teacher Signature

When independent study project is completed, the teacher's copy shall be filled out completely and given to the principal or his representative so that the grade and credit may be posted on the permanent record.

Credit Entered on Transcript _____ Date _____