

Independent Study does not count toward 300 Minute Rule

**UNIVERSITY LABORATORY HIGH SCHOOL
INDEPENDENT STUDY REQUEST FORM
School Year 2003-04**

Student _____ Date form received by student _____ Locker # _____

Course Title I S - _____
(Maximum of 16 characters as it will appear on transcript. The first three characters will be I S - to indicate this is an independent study.)

(REQUIRED) Please attach a syllabus describing in full detail what will be covered in this course. Form will be returned to Supervising Teacher if not accompanied by a syllabus.

This Section must be completed by Supervising Teacher
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Length of Project (Fall Semester, Spring Semester, Year-long Course) _____

How Much Credit (1/4, 1/2, 1 unit) to be issued upon completion (please check)
1 credit - Meeting 5 days per week for year-long course _____
1/2 credit - Meeting 2-3 days per week for year-long course _____
1/2 credit - Meeting 5 days per week for semester long course _____
1/4 credit - Meeting 2-3 days per week for semester long course _____

Type of grade to be given each quarter (Pass/Fail or Letter Grade) _____

Format and/or Requirements: Period _____
Days Per Week (M, Tu, W, Th, F) _____
Room Number/Location _____
Course Fee (if any) _____

Required Instructional Materials (if any):

Supervising Teacher Signature _____ Department _____

1. Parent/Guardian Signature _____ Date _____

2. Exec. Teacher Signature _____ Date _____ [] Approve [] Disapprove

3. Counselor Signature _____ Date _____ [] Approve [] Disapprove

Considered in GPA: ____ Yes ____ No

4. Submit Independent study request form, written proposal, and a copy of your class schedule to the Assistance Director by:

- One week before classes for fall semester and yearlong independent study proposals
- Prior to the beginning of the winter break for second semester independent study proposals

Assistant Director Evaluation: _____

See Reverse Side of Form for Independent Study Guidelines