## **The Bromfield School Independent Study Proposal 2024-25**

Name:_				Date:	
Instructor's Name:					
Course	Title:				
		(Your title sh	hould reflect th	e content of the course)	
If neces	sary, use addi	tional pages t	o answer these	questions.	
	Using three or four sentences, explain the purpose/focus of this course. ( <i>What do you propose to study in this course and why?</i> )				
	List the texts/source materials that will be used during this course. (Consult with your instructor for guidance, if necessary.)				
	When will you Semester:	u meet with y	our instructor? 2nd	Period: Full Year	
Submitted by:				Approved by:	
(Signature of student)				(Signature of Instructor )	
(Signature of parent)				(Signature of Department Leader)	
				(Signature of School Counselor)	
				(Signature of High School Principal)	
				(Signature of Principal, HES [if applicable])	
	Most Inder	endent Studies	are graded Pass	/Fail and are not calculated in the Bromfield GPA.	
		A letter grad	led Independent	Study must have Principal approval.	

For Office Use Only

Grading:

\_\_\_\_\_Pass/Fail

Letter Grade \_\_\_\_\_(Principal Signature)

Credits to be earned: