

# INDEPENDENT STUDY PROPOSAL 2019-2020

## Independent Studies only receive a P/F grade

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

*(Your title should reflect the content of the course.)*

If necessary, use additional pages to answer these questions.

1. Using three or four sentences, explain the purpose/focus of this course.  
*(What do you propose to study in this course and why?)*

2. List the texts/source materials that will be used during this course.  
*(Consult with your instructor for guidance, if necessary.)*

3. When/how often will you meet with your instructor?  
Days per rotation: \_\_\_\_\_ *(every/every other/etc)*  
Period: \_\_\_\_\_  
Semester:      1st              2nd              Full Year

### Submitted by:

\_\_\_\_\_  
(Signature of student)

\_\_\_\_\_  
(Signature of Parent)

### Approved by:

\_\_\_\_\_  
(Signature of Instructor )

\_\_\_\_\_  
(Signature of Department Leader)

\_\_\_\_\_  
(Signature of School Counselor)

\_\_\_\_\_  
(Signature of Principal, Bromfield)

\_\_\_\_\_  
(Signature of Principal, HES [if applicable])

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### For Office Use Only

#### Grading:

\_\_\_\_\_ Pass/Fail

\_\_\_\_\_ Letter Grade *(If you are giving a letter grade, a Principal's signature is required.)*

Credits: \_\_\_\_\_ Level: \_\_\_\_\_ *(if applicable)*