

PROJECT TERM
Independent Study Interest Application
Due: ASAP to Mrs. Wezeman

Student Name: _____ Grade: _____

CAP teacher: _____

Independent Study Area of Interest: _____

Proposed Blocks of the Independent Study (choose 1 or 2): _____

Possible location (s) of Independent Study: _____

Do you have someone interested in sponsoring your project at this time? If so, please list:
(A parent/relative cannot be the sponsor for a project)

Name: _____ Occupation: _____

Address: _____

Work Phone: _____ Other Phone: _____

Will this person be with you at all times during your project? Yes ____ No ____*

*If no, Please explain: _____

I am aware of the following Independent Study Guidelines:

1. I am only expressing interest in an Independent Study at this time and I realize that I must still submit a formal proposal by April 1, 1010 to be considered.
2. **To be eligible for an Independent Study, I must be passing ALL of my classes.**
3. I will be required to present my proposal to a panel of faculty members in April for final approval.
4. I will be required to work on my Independent Study for 3 hours per block.
5. I will be required to maintain a daily journal and time sheet that will be verified by my supervisor.
6. I will be required to submit a self-evaluation and a final paper or project as well as materials for display at the Open House.
7. I will be required to attend the Project Term Open House to present my work.
8. If I fail to meet the requirements for Independent Study, I will receive a failing grade which could affect my graduation status.
9. I will be graded on a scale of A-F, **not** by Honors, Pass, or Fail.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____