

LONG TRAIL SCHOOL

INDEPENDENT STUDY REQUEST

SCHOOL YEAR _____ CREDITS _____

STUDENT _____ DATE _____

REQUESTED COURSE _____ TEACHER _____

NUMBER OF TIMES PER WEEK _____

REQUESTED BY _____

REASON FOR INDEPENDENT STUDY _____

Approved by:

Student _____ Date _____

Teacher _____ Date _____

Advisor _____ Date _____

Department Head _____ Date _____

Dean of Academics _____ Date _____

Registrar _____ Date _____

- The teacher of the Independent Study must be the teacher to sign this form.
- Changes beyond the 1/1 marking period will only be considered in extreme circumstances.
- Department Heads submit Independent Study Requests to the Registrar.
- Advisors distribute updated schedules to students.

Registrar Office Use Only: Processed Date _____