

NEW PALTZ HIGH SCHOOL
INDEPENDENT STUDY APPLICATION

NAME: _____

TITLE OF STUDY _____

RATIONALE FOR STUDY: _____

TIME PERIOD OF STUDY: _____

SUMMARY OF WORK TO BE DONE: _____

SCHEDULE OF MEETINGS WITH MENTOR: _____

PROJECTED PRESENTATION FORMAT: _____

REQUIRED SIGNATURES AND APPROVALS

Student: _____ **Date:** _____

Supervising Teacher: _____ **Date:** _____

Mentor: _____ **Date:** _____

Approval Granted By

Parent: _____ **Date:** _____

Guidance Counselor: _____ **Date:** _____

Principal: _____ **Date:** _____

Independent Study Committee:

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Recommendations/suggestions from committee for improving proposal:

Committee comments on final presentation: _____

Final Grade: Pass/Fail

Date: _____