

MARTIN LUTHER HIGH SCHOOL
OFFICE OF STUDENT SERVICES

INDEPENDENT STUDY COURSE PROPOSAL

School Year: 20__ - 20__

Semester: _____

Student Name: _____

Teacher Name: _____ Department: _____

*Disclaimer: Please be advised that the Independent Study Course Proposal **MUST** be submitted to the Office of Student Services no later than April 15th prior to the beginning of the next school year. Independent study courses need approval of your teacher, parent/guardian, and guidance counselor.*

Students must discuss class outcomes with their teacher as listed below:

1. List the course and describe the reason(s) you are taking it.

2. Describe the teacher and student requirements in regards to the course and what your timetable will look like for completing all the required work.

Signatures of student, parent/guardian, teacher, and counselor:

Student: _____ Date: _____

Parent: _____ Date: _____

Teacher: _____ Date: _____

Counselor: _____ Date: _____