

Rice Lake High School
Independent Study Course Request Form

Student's Name: _____

Grade: _____

Course Information

Name of Course: _____

Department: _____

Teacher: _____

Term: _____

Period: _____

Use the space below to describe how this area of independent study relates to your post-secondary goal.

Teacher Recommendations

Recommendation #1 (to be completed by the teacher of the Independent Study course)

_____ I agree that the above student is able to work independently, follow safety guidelines and procedures, and has documented ability to follow school attendance and behavioral expectations.

_____ The student has passed all of the pre-requisite coursework with a grade of B or higher and/or the student has teacher approval.

(Teacher's Signature)

(Date)

Recommendation #2 (to be completed by another teacher the student has had)

_____ I agree that the above student is able to work independently, follow safety guidelines and procedures, and has documented ability to follow school attendance and behavioral expectations.

(Teacher's Signature)

(Date)

*Turn completed form in to Mr. Shomion or Ms. Ebner no later than one term before the Independent Study is to take place. Include an outline of what will be completed during the course.