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.