

**JOEL BARLOW HIGH SCHOOL
INDEPENDENT STUDY CONTRACT**

Student _____ Counselor _____ Advisor _____
Address _____ Phone _____ Student # _____
email _____

Proposed Project:

Objective (Specific, Measurable, Attainable, Realistic, Time-connected):

To be completed by: _____

Proposed Credit: _____

Schedule of meetings with advisor: _____

Requirements:

1. Informal oral question and answer session between evaluating committee and student
2. Journal / Log
3. Student Work / Performance

Student Signature _____

Parent / Guardian Signature _____

Advisor Signature _____

Independent Study Coordinator _____

Date of Approval _____

Please Note:

- 1. An Independent Study project may be dropped without penalty up to the end of the first quarter for the first semester and up to the end of the third quarter for the second semester. Subsequent to those dates, failure to complete a project will result in a "Withdraw / Failure" and an evaluative document will become a part of the student's record.**
- 2. Any expenses incurred by the project or online course must be borne by the student.**