

PEMBERTON TOWNSHIP HIGH SCHOOL
OPTION TWO - INDEPENDENT STUDY APPLICATION

Student Name: _____ Current Grade Level: _____

School Counselor: _____ Date of Application: _____

Title of Independent Study: _____

Advisor: _____

Start Date: _____ End Date: _____

Credits Requested: _____

Proposal (explain in detail, attach additional sheets as necessary) -the following should be addressed in the proposal:

- Explain interest in this area
- Describe current knowledge as it relates to the proposed topic Goal(s)
- Outline of curriculum
- Resources
- Methods of research
- Methods of analysis
- How does this apply to the NJDOE approved learning standards?

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Expected Outcome (explain in detail, attach additional sheets as necessary) - the following should be addressed in the outcome:

- What will be learned-new knowledge gained?
- How will the study be evaluated by the advisor?
- In what form will student mastery be demonstrated?

Will this Independent Study occur during regular school hours? _Yes _No

If yes, indicate how often (daily, weekly, etc.) you will meet with your advisor, where (classroom) and during which period?

** Independent Studies approved during regular school hours require that the student report to a specified classroom -this will be indicated on his/her PTHS schedule.**

Student Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Advisor Signature:_____ Date:_____

School Counselor Signature:_____ Date:_____

Department Supervisor Signature:_____ Date:_____

Administrator Signature:_____ Date:_____