

# MEMORIAL HIGH SCHOOL

280 Sixth St., Campbell, OH 44405  
PHONE (330) 799-1515 – Fax (330) 799-6390

PRINCIPAL – Richard A. Gozur

ASST. PRINCIPAL – Jacquelyn Hampton

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## Application for Independent Study and Credit Flexibility

This application must originate with the student's assigned guidance counselor with a student/guidance counselor conference.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

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### STUDENT INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student phone/contact information \_\_\_\_\_

Parent/Guardian name and contact information \_\_\_\_\_

### COURSE INFORMATION

Course title: \_\_\_\_\_

Course type (check one): \_\_\_\_\_ current course \_\_\_\_\_ customized course

Check here if the student is completing a course previously attempted \_\_\_\_\_

Explanation/Comment: \_\_\_\_\_

Course duration: \_\_\_\_\_ All year \_\_\_\_\_ Semester 1 only \_\_\_\_\_ Semester 2 only

Amount of course credit: \_\_\_\_\_ School year: \_\_\_\_\_

### ACTION PLAN

Description of what the student will do to earn the credit (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Test or assessment | <input type="checkbox"/> Coursework        | <input type="checkbox"/> Internet-based learning |
| <input type="checkbox"/> Field experience   | <input type="checkbox"/> Mentorship        | <input type="checkbox"/> Project-based learning  |
| <input type="checkbox"/> Internship         | <input type="checkbox"/> Independent study |  |

## STUDENT CONTRACT

Student explanation of goals and statement of commitment:

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I, (student signature) \_\_\_\_\_,  
understand the Independent Study/Credit Flexibility Option is an intensive process designed to allow me to work at my own pace to complete the assigned work.

The student and parent must initial each item below as indication of having read and accepting the following:

Parent	Student	
_____	_____	The student will hold primary responsibility for the overall success or failure of the course.
_____	_____	The student will be expected to allocate an average of _____ hours per week working toward completion of the course.
_____	_____	The student will be required to meet with the Instructor of Record at least _____ times per _____.
_____	_____	The student will actively engage with the Instructor of Record and course activities by _____ or the student will be withdrawn with penalty from the course according to the school's guidelines.
_____	_____	The student will have until _____ to complete the course or the student may be withdrawn with penalty from the course.
_____	_____	The student's teacher and/or other school authorities have the right to cancel course/credit option if: (1) the student violates any rule/policy stated in the school's Student Handbook; (2) the student does not regularly and actively engage with the teacher and course material by _____; or (3) the student does not make steady progress toward completion of the course.
_____	_____	The student must complete all online as well as offline/other work assigned by the due date. stated by the teacher or the student may be withdrawn with penalty from the course.

Parent      Student

\_\_\_\_\_      \_\_\_\_\_      The Instructor reserves the right to remove the student from the course (withdrawn with penalty) for issues involving plagiarism and copyright violation.

\_\_\_\_\_      \_\_\_\_\_      There are no weighted grades for credits earned through independent study/credit flexibility.

\_\_\_\_\_      \_\_\_\_\_      The teacher decision regarding a withdrawal from the course may be appealed to the Principal.

A letter outlining the reason(s) for the appeal must be received by the Principal within 10 calendar days following notification of withdrawal. The Principal's decision on the appeal is final.

## **SIGNATURES**

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_

Instructor of Record \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

EMIS Coordinator \_\_\_\_\_ Date \_\_\_\_\_

## **NOTES:**