

INDEPENDENT STUDY COURSE REQUEST

STUDENT SECTION	
School Year:	Semester (circle one): 1 or 2
Student Name:	Phone #:
Proposed Course Name:	
Is this course intended to fulfill a Graduation requirement?	
What requirement is it intended to fill?	

What type of Independent Study Class is this? Please mark an X next to your selection.

A. ____ Pass/Fail Independent Study – Courses are taken off campus with a non LCS instructor. Course and student will be recorded in Renweb Gradebook with the School Counselor as the teacher of record. Student is responsible for and required to submit Academic log sheets to the School Counselor for grade reporting purposes prior to the quarter and semester grading period. Course is approved by LCS Administrator after submission of completed Independent Study Form.

B. ____ 7 Star Independent Study – On-line course work is done independently, outside of a LCS classroom. Financial responsibility of the course will be determined by the Secondary Principal. Course and student will be recorded in Renweb Gradebook under the current 7 Star teacher of record. Grades will be input into Renweb Gradebook for quarter and semester report cards by the 7 Star teacher of record. Request is submitted on a 7 Star Contract and registration is done through LCS.

C. ____ Independent Study LCS Course – Course is facilitated through an LCS Faculty member and student works independently outside of a classroom. This option is used primarily for upperclassmen with a scheduling conflict due to Running Start, Tri-Tech or in an effort to meet a specific graduation requirement. For grading purposes, the course and student will be recorded in Renweb Gradebook under the current classroom teacher for that subject. Course approved by LCS Administration after submission of Independent Study Form.

D. ____ Alpha and other Online Course other than 7 Star – A student may choose to register for an outside on-line course through an independent on-line school at their own expense. It will be the responsibility of the student/family to provide LCS with a copy of the official Transcript after completion of the course. Upon receipt of the transcript, the grade achieved will be added to the students LCS transcript.

If selecting A or C continue to complete the remainder of this form.

If selecting B, complete a 7 Star Registration Contract. Selection D does not require an additional form.

INSTRUCTOR SECTION	
Instructors Name:	Instructors Phone:
Are you a certified teacher? Yes or No	Instructor Email:
If No, what qualifies you to teach this course?	

Number of instructional hours required for 1 Semester is: 75 hours per .50 Credit

Proposed Instructional Schedule:

Days of Week and Time Frame:
Number of hours per week:

I understand that the student will be required to submit their weekly log-in sheets with my initials prior to the quarter and semester grading periods.

The log sheets for this course will be due to the School Counselor on the following dates:

Quarter _____ Semester _____

Instructor Signature	Date
Student Signature	Date
Administrator Approval Signature	Date

OFFICE USE ONLY / NOTES:
