

MT. VERNON TOWNSHIP HIGH SCHOOL
INDEPENDENT STUDY CONTRACT

_____ has had a conference with me and I agree to provide supervision and instruction to the above named student in the following subject area_____.

This independent study will be for _____ credit and is scheduled for the _____ period.

The course objectives and requirements are as follows:

Faculty Signature

date

I understand the above requirements and agree to complete them during the _____ semester, 20____.

Student Signature

date

APPROVALS:

Department Chairperson

date

Principal

date