



Bronxville High School Independent Study/Online Course Application 2023-2024

Independent Study is available to students to undertake the study of a subject which is not offered in the school curriculum. A sponsoring teacher outside of the Bronxville School must submit verification that he/she is a New York State certified teacher in order for a student to participate in Independent Study with that individual. Courses will be credited if a student earns a 'P.' This will not impact a student's GPA. A teacher **cannot** advise a student if the student is currently in a course with that teacher. Advanced Placement courses **cannot** be taken through an Independent Study. Deadline for submission of Independent/Online Course Application is October 2nd for all first semester or year-long applications and February 14th for all second semester applications.

Part I: General Information

Student Name: _____

Guidance Counselor: _____

Grade Level: _____

Independent Study: _____

Length of Project: Semester 1 _____ Semester 2 _____ Year-long _____

Department: _____

Name of Independent Study Advisor: _____

Part II: Project Specific Information (requires type-written description)

1. Explain your reasons for pursuing study outside of the Bronxville High School curriculum.
2. Outline the proposed course work to be completed during this Independent Study.
3. Describe the method of evaluation for this Independent Study including tests, papers, readings, etc.
4. Goals: What are the goals that you hope to achieve? What will the final project look like?
5. Indicate your plan for meeting with your advisor. When will you meet? How often do you plan to meet?
What will be the content/purpose of these meetings?
6. What textbooks, supplementary materials will be used?

Part III: Approvals

I read the student's Independent Study Proposal and agree to support him/her in the endeavor.

Signature of Independent Study Advisor _____

Signature of Guidance Counselor _____

Signature of High School Principal _____

Part IV: Parent Permission

Dear Parent,

If you are in agreement with your child's plan of study, please sign and date on the line below.

Parent Signature _____

Date _____