

**PEMBERTON TOWNSHIP HIGH SCHOOL
OPTION TWO - INDEPENDENT STUDY APPLICATION**

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: _____