Licking Valley High School

Credit Flexibility Application

V 3.0 Aug. 2013

Independent Study - LV Class

I am applying to take a Licking Valley High School Course through independent study.	
Student name:	Grade:Date of submission:
Course name:	Course number:
Student / Parent : Read and initial in the appropriate box, then sign below.	
I have read and understand the LVHS Plan for Credit Flexibility.	
I understand that an independent study results in a grade that is like any other academic grade, counting toward athletic eligibility, grade-point-average and class rank. Once this application is approved, the course will appear on my schedule, I will receive a grade for the course and I will receive grades at the end of every 9 weeks before the completion date, below.	
I understand that independent study involves meeting deadlines set by a teacher, which will necessarily follow school grade-reporting deadlines. (Write completion date for course here:) Failure to meet deadlines will impact my grade.	
Student name:	Signature:
Parent name:	Signature:
For office use only:	
Guidance counselor name:	Signature:
Teacher of record name:	Signature:
Grade will be reported on Interim grade (if necessary) will be reported on	