Licking Valley High School

Credit Flexibility Application

V 3.0 Aug. 2013

Application recieved:					
(place date/time stamp here)					

Independent Study – Outside Experience

I am app	olying	g to get LVHS credit for an	outside exper	rience.		
Student name:			Grade:	Date of submission:		
This out	side	experience will result in tra	nscripted cred	dit for (check one)		
	An LVHS course (Course name here:					
	Another course (Course name here:					
1. W	/ho v	perience Information: vill serve as your mentor? or contact information:	Name: Address:			
2. D	Phone #: 2. Describe your mentor's qualifications below:					
in	b. c.	endent study. Be thorough a cons about the instructions, Describe the content standindependent study will add How will your independent described in part A? How will your knowledge a will constitute an 'A' grade Credits: How many credits worth? If your independent study	and answer a ask a guidand dards or cours dress. It study teach young study teach you group our grade be a	se of study objectives that your you the knowledge or skills assessed? (Be very specific. What		

^{*}Applications for Physical Education credit through outside experience must follow additional ODE guidelines. Check with your guidance counselor for more information.

^{*} Under no circumstances will credit be awarded for work done before the approval date on this document.

Memorandum of understanding

This page must be completely filled out in order to have LVHS consider your independent study, and it will not be approved unless it is filled out completely. Please initial the boxes and sign in the blanks.

Mentor: By signing below, I understand that this student's academic grade and transcripted credit will be my responsibility, along with the teacher of record. I hereby certify that I will uphold a standard of fairness and honesty required of any teacher who assigns a grade to a student. I further certify that I have read and understand the LVHS Plan for Credit Flexibility and I have discussed it with the student.					
Mentor name:	Mentor signature:				
Student / Parent : Read and initial in the appropriate box, then sign below.					
Student Parent 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, I will receive a grade for the course and I will receive grades at the end of every 9 weeks before the completion date.					
I understand I will be responsible for completing work for this independent study by the proposed date (Write completion date here:) and any change in this completion date will need to be approved by a guidance counselor in consultation with a teacher of record. Such changes will be subject to LVHS grade-reporting deadlines.					
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					

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