



Physical Education Independent Study Proposal Signature Form

Part I: To be completed by applicant.

Student Name: _____ Date of Application: _____

Independent Study Course (check one): Q1 ___ Q2 ___ Q3 ___ Q4 ___

Student Signature: _____ Date: _____

Dean Approval: _____ Date: _____

Parent Approval: _____ Date: _____

Part II: To be completed by department chairperson.

Date Application Received: _____ Documentation Received: _____

FitnessGram Passed: _____

Verification: _____

Action of Department Physical Education Department Chair:

Action: _____ Date: _____

Approved applicants will be assigned to an Independent Study section with Mrs. Roemer as their advisor.

Notes:
