



APPLICATION FOR INDEPENDENT STUDY CREDIT

This section to be completed by the student, then given to the teacher or supervisor for their evaluation.

Student Name _____ Date of Application _____

Address _____ City _____ State _____ Zip _____

Evaluation Period Begins: _____ **Ends:** _____

(Classes must meet a minimum of 18 hours and work experience must equal 40 hours or more for credit)

What is the nature of this learning situation? Please check one of the following and explain:

Class that meets regularly with an instructor

- a. What is the course title and content? _____
- b. How many hours per week does the class meet? _____
- c. Total number of hours for this class this semester: _____
- d. Approximately how many students are in the class? _____
- e. Who sponsors this class? (individual, college, etc.) _____
- f. Did you receive a certificate of completion? If so, please attach it.
- g. Is this course being used to fulfill your 90-hour Physical Education requirement? Yes No

Work Experience

- a. Employer, job title, and duties: _____

- b. Hours per week worked at this job: _____
- c. Total number of hours worked this semester: _____

To the teacher or supervisor: The above-named student is applying for academic high school credit. Please assist us by completing this section and mailing it to Oak Meadow School. If you have any questions, please contact our Registrar at 802-251-7250. Thank you.

Teacher or Supervisor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

1. What is your professional relationship to the student?

2. What are your professional qualifications for evaluating the student?

3. On scale of 1 to 5 (1 = poor, 5 = excellent), how would you rate the student's performance? Explain each selection briefly.

Attitude 1 2 3 4 5 _____

Reliability 1 2 3 4 5 _____

Initiative 1 2 3 4 5 _____

Understanding 1 2 3 4 5 _____

Proficiency 1 2 3 4 5 _____

4. Please briefly summarize the work that you feel qualifies this student for credit:

Signature _____ Date _____

Please return this form to:

Oak Meadow School, PO Box 1346, Brattleboro, VT 05302

❖ For Office Use Only ❖	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Number of Credits Granted _____	
Subject Area _____	