

**Chase Collegiate School
Athletic Department
Independent Study Form**

Name _____

Grade _____ Phone _____ Email _____

Activity _____

Number of times activity meets per week _____

Minutes per session _____ Supervisor _____

Phone number and email for supervisor _____

Description of activity:

_____ (Student's Name) has completed the Independent Study Requirements for the athletic department this term. He/She met with their supervisor for this activity at a minimum three times/week (not including Saturdays and Sundays) for at least 1 hour. All three parties (student/parent/supervisor) believe that _____ (Student's Name) deserves credit for their participation this term.

Student's signature _____

Parents signature _____

Supervisor's signature _____

Date _____