Independent Study Month - Formal Step I or II Review Program
Planning and Approval

Student Name_________________________________________ Year _____ Unit__________

Month/Year Requested ______________________

STEP ONE: Student and Docent meet, discuss and outline an appropriate study plan for the month.
What do you want to learn during this month? ____________________________________________

________________________________________________________________________________

Which formal review program will you participate in to accomplish your objectives? Please attach
proof of enrollment. ________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

How will you demonstrate that you have achieved your objectives (write a paper, take a challenge
exam etc.)? ________________________________________________________________

________________________________________________________________________________

What will constitute a pass (Receive a B on paper, 75% correct on QPE etc.)?________________

________________________________________________________________________________

Attachments to accompany petition:

1. Clinic Absence Form: notify Continuing Care Outpatient Clinic of absence one-month
   prior to Study Month. Student must list the specific dates that he/she will be absent
   from clinic.

2. Proof of enrollment in Formal Step I course.

STEP TWO: The Docent and student sign the mutually agreed upon plan of study and immediately
return the form to the student's Education Assistant.

STEP THREE: The student's Education Assistant forwards the signed form with attachments to the
Council on Curriculum a minimum of One Month prior to the first day of the Study month.
STEP FOUR: The Council on Curriculum reviews the plan, approves and returns the form to the student's Education Assistant.

Docent Signature: ____________________________ Date: ____________________

Student Signature: ____________________________ Date: ____________________

Council on Curriculum Approval  Yes_______ No_________ Date: ________________

Revised 5/2006