

INDEPENDENT PROJECT APPROVAL FORM

Name: _____

Block: _____ Date: _____

Title of Book/Movie: _____

Author of Book/Movie: _____

How will you obtain a copy of this book/movie? _____

Short description of book/movie (if not on Ms. Ward's recommended list): _____

Two reasons for selecting this book/movie:

1) _____

2) _____

By signing this form, both the student and parent/guardian understand that the student is committing to obtain the above book or movie on his or her own. It is important that parents and guardians review the independent book or movie selected by the student, especially if it was not selected from Ms. Ward's recommended list, to ensure it is appropriate for class. This extra credit project is due _____.

Student's Signature

Date

Parent/Guardian's Signature

Date