



Academy for Science & Health Professions

Student Independent Exploration Proposal

Name: _____ Grade: _____ Date: _____

Student Proposal: Please print or type and be specific. You may attach a separate sheet.

What: _____

When: _____

Where: _____

Justification for your proposal. Remember that the exploration must be related to **STEM**.

_____ Student Signature _____ Parent Signature

_____ Approved _____ Denied because: _____

_____ Notes required – **daily notes, times, reflections.**

_____ Documentation required (**tickets, brochures, pictures, etc.**).

_____ Other Requirements: A summary report. See below.

Student must submit a 2-4 page typed summary that includes your reflections of what you learned, and how the experience connects to what you are learning or have learned in class.

_____ Date submission due: (summary report and exploration journal)

_____ By _____ Date

THIS FORM MUST BE ATTACHED TO THE FRONT OF YOUR REPORT.

Credit: _____ By: _____ Date: _____

Comments: _____