

TAMPEREEN LYSEON LUKIO

Fill this form with a pen and return it to the office.

PLAN FOR COMPLETING A COURSE

COMPLETELY
PARTLY

INDEPENDENTLY

NAME		GROUP	
PHONE NUMBER		E-MAIL ADDRESS	
SUBJECT I WANT TO COMPLETE INDEPENDENTLY			COURSE
REASON			

Previous courses in the subject (student fills in)

Course									
Grade									

All previous independent work (student fills in)

Subject and course							
Grade							

Time of the course beginning date _____ planned time of finish _____

Study program for the course (instruction times, essays, theses and exams)

Date, time	Theme / study attainment	Teacher's signature	Evaluation

I commit to follow the schedule. Otherwise the attainment will not be accepted.

Tampere _____ / _____

STUDENT'S SIGNATURE

GUARDIAN'S SIGNATURE (FOR MINORS)

TEACHER'S SIGNATURE

Plan approved

Tampere _____ / _____

PRINCIPAL'S SIGNATURE

TEACHER FILLS IN:

Teacher has marked in the original form _____ / _____

Grade: _____

TEACHER'S SIGNATURE

