

Howard County Public School System
GIFTED AND TALENTED INDEPENDENT RESEARCH COURSE
STATEMENT OF INTEREST
2019-2020

Please complete this form and return it to Mrs. Burns by 1/31/2019.

Student Information

Student's Name _____

Address: _____

Telephone: (____) _____

Current Grade Level (2018-19): _____

Email address: _____

Current weighted GPA: _____ **Current number of GT classes:** _____

Area(s) of Interest

Participation in the Independent Research course requires you to produce an original project or creative production based on college-level research. You do not need to have a project in mind at this point, but please identify your **tentative**, general area(s) of interest. The area(s) of interest may be changed at a later date.

Area(s) of Interest: _____

Signatures

Please note that enrollment is limited. If enrollment numbers exceed the program's capacity, students will be selected based on academic achievement and educational goals.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Stop by room **C156** or Email any questions to: Lynette_Burns@hcpss.org

The course number for Independent Research is #GT 400

Note: You may add the course to your schedule prior to submitting this form.