NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS
Office of the Registrar

CONTRACT FOR INDIVIDUALIZED STUDY IN:

<table>
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<th>Course ID</th>
<th>Course Title</th>
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Student Name ______________________________________

Student is in Grade ____ 11 or ____ 12

Trimester_______ School Year_________

Course Instructor and Department _______________________________________________________________________________

TO THE INSTRUCTOR: If the student will not be meeting with the class during normal class meeting times, complete the following:

Which class block(s) will be missed:______________________________________________________________________________

When and how will the student make up the material missed:_______

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

List any other details of individualized instruction below. Please note that the student must be registered and graded as the other students enrolled in the course:

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

NOTE: THIS IS NOT AN “ADD” FORM. If the student is not already registered for this class, the student must submit a Request for Schedule Revision (“Drop/Add”) form, along with this form, and receive the new schedule from the Registrar by the deadline for adding classes for this semester.

TO THE STUDENT: Secure the signatures listed below and return this form to the Registrar's Office. The Registrar will secure the signature of the Senior Vice President of Academic Programs and complete the registration and recording of this study.

_________________________________ Date __________  
Student  

______________________________________________________________________________

Instructor Date __________

______________________________________________________________________________

Advisor Date __________  
Academic Department Dean Date __________  

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Vice Chancellor for Academic Programs Date __________  
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REGISTRAR USE ONLY (File this form in student folder)

Course ID ________ Sec #____  Credit ________  Effective Date ____  Initials ____  
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