

**NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS**

**Office of the Registrar**

**CONTRACT FOR INDIVIDUALIZED STUDY IN:**

\_\_\_\_\_ **Course ID**

\_\_\_\_\_ **Course Title**

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.

\_\_\_\_\_  
**Student** \_\_\_\_\_ **Date** \_\_\_\_\_ **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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