



Credit by Demonstrated Mastery (CDM)
Student and Family Application

STUDENT INFORMATION		
Name:		Birthdate:
School:	Grade Level:	Student ID:
Parent/Guardian Name:	Email:	Phone
Date of CDM Request:		

CREDIT BY DEMONSTRATED MASTERY APPLICATION

Instead of traditional course enrollment and seat-time, I am requesting the opportunity to earn Credit for Demonstrated Mastery (CDM) for the following:

_____ (course name or subject).

STUDENT/FAMILY AGREEMENT

Please review the following regarding the CDM process and initial after each:

Initials

- I understand this assessment will include a multi-phase assessment with Phase 1 and Phase 2. _____
- Phase 1 will include an examination to establish my mastery of the foundational skills and content this course/subject requires. _____
 - I must earn a minimum of 90% accuracy on the local exam to continue with the CDM process or a “superior” scale score on the appropriate state assessment, EOC. (For Eligible CTE courses, 90 scale score or higher).

Spring Due Date: January 28, 2019

- I have one attempt at the exam.
- Prior to the exam, I may review the content standards for the course or subject area that I am seeking to demonstrate mastery at www.ncpublicschools.org.
- If I earn the appropriate score, I will move onto Phase 2. If not, I will not have the opportunity to earn CDM for this course.
- In Phase 2, I will create an artifact that reflects deep understanding of the content standards, including the ability to apply the skills and knowledge expected at the end of the course. _____
- The CDM Review Panel will make a recommendation if I can earn CDM credit. If I am successful, I will earn a “CDM” indicator on my transcript and will earn one credit toward graduation. _____
- No grade or quality points will be granted and the “CDM” will not be included in my GPA. _____
- I understand that I will meet with a CDM Panel member (s) to discuss the process and long-term implications. _____
- I understand that NCAA Division I and Division II colleges and universities do not recognize test-out credits in terms of meeting college entrance credit requirements, and therefore CDM is strongly discouraged for potential collegiate athletics. _____
- My parents and I will be allowed to file for grievance if we do not agree with the decision of the team. _____

I understand all of the above and agree to abide by the process defined above.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

For Office Use Only:	Date Received:
Conference Date:	Other:
In Attendance:	

Please Return the Completed Application to the AIG Consultant

Spring Due Date: January 28, 2019