Transylvania County Schools

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: Circle: Fall Spring Summer		

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:**
- 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 94% on NC Final Exams or local made exams, 93% on CTE post-assessments or a Level V on an EOC to continue with the CDM process.   - I have one attempt at the exam.

- o Prior to the exam, I may review the content standards for the course or subject area that I seeking to demonstrate mastery at www.ncdpi.edu
  - o 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.
  - o The school may require a presentation, project, or interview as evidence of my abilities.
- The CDM Review Panel will make a recommendation if I can earn CDM. If I am successful, I will earn a "Pass" on my transcript toward graduation. No grade or quality points will be granted and the "Pass" 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.
- 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:

Parent/Guardian Signature:

Date:

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