



Any coursework outside of Charlotte-Mecklenburg Schools for credit toward graduation must have prior approval from the Principal before the course work is attempted. CMS requires that all course work completed in a study abroad program must be reflected on an official transcript provided by the study abroad program.

DIRECTIONS: Complete the information below, and then meet with your counselor to gain his/her signature and principal approval. This form is a requirement and must be completed before enrolling in the study abroad program. Grades and credits earned while participating in the study abroad program will not be considered for inclusion on the CMS transcript unless this Study Abroad Transcript Contract has been completed and submitted prior to enrolling in the Study Abroad program.

After receipt and review of the study abroad official transcript, a determination will be made as to the courses that CMS will accept for credit in keeping with CMS regulation IKF-R. There is no guarantee that all courses from your study abroad program will transfer to CMS.

REMEMBER: It is your responsibility to make sure the school you attend for study abroad sends an official final transcript to your CMS School before credit can be determined. Study Abroad programs may provide a transcript only if students meet certain conditions. These conditions vary among programs. Please be sure to find out the specific requirements of your study abroad program with regard to issuing an official transcript of course work completed.

STUDENT NAME _____ CMS ID NUMBER _____

GRADE LEVEL (circle one): 9 10 11 12 CMS SCHOOL _____

Country you plan to visit for the exchange: _____

Exchange Program you will be using: _____

Exchange Program Advisor Name: _____ Email: _____

Email address you will be using during the exchange: _____

Parent (s) email address: _____

Length of Exchange Program: 1 year Semester other _____ Date of Departure: _____

SCHOOL YOU PLAN TO ATTEND (if known) _____

COMPLETE SCHOOL MAILING ADDRESS (if known) _____

CONTACT PERSON AT HOST SCHOOL (if known) _____ Email _____

Please secure all signatures before sending the form to the Study Abroad Specialist.

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

HIGH SCHOOL COUNSELOR SIGNATURE DATE

PRINCIPAL SIGNATURE DATE

CMS STUDY ABROAD SPECIALIST SIGNATURE DATE

Please answer the following (circle one):

1. Are you taking courses for credit that you desire to become a part of your CMS transcript? Y or N

2. Have you verified that your foreign exchange program will provide an official transcript of all course work completed? Y or N

ATTACH A COPY OF APPROPRIATE CMS GRADUATION CHECK LIST. FAX CONTRACT AND CHECKLIST TO STUDY ABROAD OFFICE 980.343.9921