

2024-2025 Credit By Exam Application Grades 9-12

Student Name:	
Campus Name:	Email Address:
Local Student ID:	Date of Birth:
Current Grade:	Phone Number:
Address:	
Parent's Name:	Signature

I request that my child be permitted to take the Credit by Exam test to test out of the course(s) listed below. I understand a student in any grade 9-12 must be given credit for the academic course in which he/she has no prior instruction if the student scores 80% or higher on a criterion referenced test for the applicable course. The school district must enter the examination score on the student's transcript.

I request that my child be permitted to take the Credit by Exam test for the purpose of accelerating the course(s) indicated below. I understand a student in any grade 9-12 may be accelerated a course(s) if he/she meets all the following requirements:

- 1. The student scores 80% or higher on all criterion-referenced tests.
- 2. A school representative recommends that the student be accelerated.
- 3. The student's parent or guardian gives written approval for the acceleration.
- 4. Credit by Exam deposits are \$25.00 per test. The exam deposits are refundable **only** if the student



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Testing Date(s)	Exam Subject Requested	Online or Paper	Exam for Acceleration or Recovery
Counselor's Name:		Signature	

This form will need to be completedly if your child is taking the Credit by Exam for acceleration purposes

Eagle MountairSaginawISD PARENT/STUDENT Refund Request

StudenfName:
Student ID
Purposefor refund: Credit by ExamRefund
Amount Due:
Pleaseselecttherefundmethodbelow:
Parent/Guardiawill pick up the refund
Studentwill pick up the refund.

The deposit will be returned to the parent/studenthe last day of testings, signing below, you acknowledge that your your child will receive the cash deposit once he/she completes testimg the final day. Pleasesign, date, and have your child return this form with