



2024-2025

Credit By Exam Application

Grades 6-8



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Counselor's Name:	Signature
Principal's Name:	Signature

CBE testing will be held within our district Location to TBD Specifics about testing will be mailed to registered students. Study guides are available by accessing the link [EMSD](#) district website under Credit by Exams

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

**Eagle Mountain Saginaw ISD
PARENT/STUDENT
Refund Request**

Student Name: _____

Student ID: _____

Purpose for refund: Credit by Exam Refund

Amount Due: _____

Please select the refund method below:

_____ Parent/Guardian will pick up the refund.

_____ Student will pick up the refund.

The deposit will be returned to the parent/student on the last day of testing. By signing below, you acknowledge that you or your child will receive the cash deposit once he/she completes testing on the final day. Please sign, date, and have your child return this form with