



**Elgin Independent School District *Credit
by Exam Request and Application***

CHECK ONE	EXAM DATES
<input type="checkbox"/>	September 24 - 28, 2018
<input type="checkbox"/>	November 12 - 16, 2018
<input type="checkbox"/>	March 4 - 8, 2019
<input type="checkbox"/>	June 10 - 14, 2019

CAMPUS:	
COORDINATOR:	

STUDENT NAME: <i>(Last, First)</i>		GRADE:		D.O.B:	
PEIMS ID#:		LOCAL ID#:		GENDER:	M F
HOME ADDRESS:			CITY:		
			ZIP CODE:		
PHONE:		PARENT/GUARDIAN NAME:			

Credit by Exam <i>Limit: One Subject - Two Semesters/per test session</i>		Reason For The Exam CHECK ONE	
COURSE SUBJECT	SEMESTER A OR B?	ACCELERATION	CREDIT RECOVERY

Administrative Verification & Approval Required – <i>Check The Applicable Box To Indicate CBE Purpose</i>		
<input type="checkbox"/> WITHOUT PRIOR INSTRUCTION	<input type="checkbox"/> WITH PRIOR INSTRUCTION <i>(\$35 Fee Payable by Student Per Course Listed)</i>	
The above named student meets the criteria needed to take a credit by examination (CBE) with the purpose of earning course credit(s) in the subject(s) indicated above without prior instruction.	The above named student meets the criteria needed to participate in credit by examination (CBE) for a course or courses where the student received prior instruction without earning credit for the course.	
The request for the above exam type and subject(s): _____ approved _____ not approved		
Counselor (Print Name)	Counselor's Signature	Date
Principal (Print Name)	Principal's Signature	Date
Campus CBE Coordinator (Print Name)	Campus CBE Coordinator's Signature	Date

STUDENT ACCEPTANCE & PARENT/GUARDIAN PERMISSION	
The student signature below indicates their acceptance of the opportunity to take the above listed Credit by Exam(s) for the purpose of course acceleration or credit recovery.	
Student's Signature: _____	Date Signed: _____
The individual listed below is the parent/guardian of the identified student requesting to participate in a credit by exam(s) listed. The signature of the parent/guardian indicates they agree to allow their student to participate with the understanding that a fee of \$35 for each exam taken when the student has had "Prior" instruction in the course tested is the responsibility of the student/parent/guardian. Payment must be attached to the application before exam is ordered.	
Parent/Guardian Name: _____	Phone: _____
Parent/Guardian Signature: _____	Date: _____

FOR OFFICE USE ONLY			
APPLICATION SUBMISSION DATE	CBE ORDER DATE	EXAM DATE(S)	DATA ENTRY