



Elgin Independent School District
Credit by Exam Request and Application

CHECK ONE	EXAM DATES	Campuses testing & subjects
	September 19 - 23, 2022	All Campuses/All subjects
	October 18 - 21, 2022	All Elem. campuses/Inter./Middle- Social Studies only
	November 7 – 10, 2022	All Campuses/All subjects- Except S.S. for All Elem. campuses/Inter./Middle
	Jan. 30 – Feb. 3, 2023	All Elem. campuses/Inter./Middle- Social Studies only
	March 20 – 24, 2023	All Campuses/All subjects- Except S.S. for All Elem. campuses/Inter./Middle
	April 17 – 21, 2023	All Elem. campuses/Inter./Middle- Social Studies only
	May 15 – 19, 2023	All Campuses/All subjects- Except S.S. for All Elem. campuses/Inter./Middle

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

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 / Year Long	ACCELERATION	CREDIT RECOVERY

Administrative Verification & Approval Required – Check The Applicable Box To Indicate CBE Purpose

<input type="checkbox"/> WITHOUT PRIOR INSTRUCTION	<input type="checkbox"/> WITH PRIOR INSTRUCTION <i>(Fee Payable by Student Per Course - Campus has the fee amount.)</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 there is a fee, the cost of the exam for credit recovery, 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