

Exhibit B—Request for Credit by Examination without Prior Instruction for Grades 6–12

Please complete this form and return it to the school counselor no later than 30 days prior to the scheduled testing date for which the student is registering.

Please refer to the list of all tests available for each grade level and subject, found on the District’s website before completing this form. Contact the school counselor if you have questions about the availability of tests and dates.

Please complete a separate form for each test requested.

(Please print)

Student information

Student’s name: _____

Address: _____

City, state, and zip code: _____

Contact information of person to call regarding test results

Name: _____

Relationship to student: _____

Phone number: _____

Email address: _____

Test information

Course for which you are requesting a test: _____

Requested test date: _____

Requested test: *(UT High School, TTU K-12, AAPPL, AP, or CLEP)*: _____

Parent acknowledgments

By signing this form, I attest that:

- _____ *(student’s name)* has not received prior instruction in the course for which I am requesting a test;
- I have read the information the District has provided to me regarding examinations for acceleration;
- I understand that the District will not provide transportation to the testing site, which might be outside the District;

ALTERNATIVE METHODS FOR EARNING CREDIT
CREDIT BY EXAMINATION WITHOUT PRIOR INSTRUCTION

EHDC
(EXHIBIT B)

- I understand that my child may not attempt to earn credit by examination for a specific course more than two times;
- I understand that if my child fails to achieve the designated score before the beginning of the school year in which he or she would ordinarily be required to enroll in the course or grade, then my child will be enrolled in the course or grade; and
- I approve of my child's acceleration or receipt of credit if he or she meets the passing standard (*if applicable*).

Student's signature (*if student is 18 or older*): _____

Parent's signature (*if student is younger than 18*): _____

Counselor's signature: _____

Date: _____

Counselor's recommendation

(*Check one*)

- The student has met the District's criteria and is recommended for course acceleration.
- The student is not recommended for course acceleration for the following reason(s):

Counselor's signature: _____

Date: _____