

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
CREDIT BY EXAMINATION APPLICATION FORM - GRADES 6-12**

Credit by Examination WITH PRIOR INSTRUCTION

PLEASE PRINT

Campus Principal _____ Campus _____

Name _____ Age _____ Grade _____

School ID # _____ Last _____ SS# _____ First _____ Birthdate _____

Physical Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Telephone(s): Home () _____ Work () _____

Credit by Examination WITH PRIOR INSTRUCTION

(For High School Credit, "prior instruction" must be documented at the secondary level)

A student who has received prior instruction in a course or subject but did not receive credit for the course may in certain circumstances be permitted to earn credit by passing a credit by exam with a 70%.

List the course titles and grades received that are requested for credit by examination **with prior instruction**.

Course title: _____ Grade received: _____

Course title: _____ Grade received: _____

Course title: _____ Grade received: _____

Course title: _____ Grade received: _____

Yes, I grant permission for credit by examination testing through the Curriculum & Instruction Department. This form **must be signed**. A letter will be sent indicating the test date(s); if you don't receive it, it is your responsibility to call and inquire as to the date.

Parent/Guardian Signature Date

Registration Deadline:	Test Date:
_____ August 5, 2023	_____ September 22, 2023
_____ August 26, 2023	_____ October 7, 2023
_____ January 27, 2024	_____ March 2, 2024
_____ April 28, 2024	_____ June 4-6, 2024

FOR SCHOOL USE ONLY

**CREDIT BY EXAMINATION FOR ACCELERATION
WITH PRIOR INSTRUCTION**

_____ I certify that the student has received prior instruction in each course for which credit by exam is being requested.

Counselor Signature Date

_____ I concur with the recommendation for the student to earn credit by examination for the subject/grade specified.

Campus Principal Signature Date