



**EAGLE MOUNTAIN
SAGINAW ISD**

Fostering a Culture of Excellence

2024-2025

Credit By Exam Application

Grades 6-8

Student Name:	
Campus Name:	Email Address:
Local Student ID:	Date of Birth:
Current Grade:	Phone Number:
Address:	
Parent's Name:	Signature

I request that my child be permitted to take the Credit by Exam test for the purpose of accelerating a grade. I understand a student in grades 6-8 may be accelerated a grade level if he/she meets all the following requirements:

1. The student scores 80% or higher on all criterion-referenced tests.
2. A school representative recommends that the student be accelerated.
3. The student's parent or guardian gives written approval for the acceleration.
4. Credit by Exam deposits are \$25.00 per test (total of \$100 for all four), **cash only**. The exam deposits are refundable only if the student takes the test. The deposit will be returned to the student on their last day of testing.

Summer, Spring or Fall Testing Dates	Exam Subject Requested	Exam for Acceleration or Recovery



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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 on the EMSISD district website under Credit by Exams [UT Study Guides](#). If you have questions, please call (817)232-0880 ext. 2601.

For June 3 & 4, 2025

***Testing deadline for registration is April 18, 2025**

For July 8 & 9, 2025

***Testing deadline for registration is May 16, 2025**

No late applications will be accepted after the deadline
****CASH ONLY DEPOSITS****

Applications and deposits can be given to your home campus or mailed to:

Eagle Mountain-Saginaw ISD Assessment Department
Mary Jones, Ed.D.
1600 Mustang Rock Drive
Ft. Worth, TX 76179
(817)232-0880 Ext. 2601

Information below is for Counselor to complete and send to the Assessment office:

EcoDis	Title I	504	Migrant	LEP	BIL	SpEd	G/T	At-Risk	CTE

STAAR Results		
ELAR	Math	Science

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 the Credit by Exam application to the campus counselor.

Parent/Student signature

Date

Person receiving funds signature

Date