



2024-2025  
Credit By Exam Application  
Grades 9-12

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

I request that my child be permitted to take the Credit by Exam test to test out of the course(s) listed below. I understand a student in any grade 9-12 must be given credit for the academic course in which he/she has no prior instruction if the student scores 80% or higher on a criterion referenced test for the applicable course. The school district must enter the examination score on the student's transcript.

I request that my child be permitted to take the Credit by Exam test for the purpose of accelerating the course(s) indicated below. I understand a student in any grade 9-12 may be accelerated a course(s) 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. The exam deposits are refundable **only** if the student takes the exam for acceleration (*Credit by Exam without Prior Instruction*). The deposit will be returned to the student on their last day of testing.
5. If the student is taking the exam for credit recovery (*Credit by Exam with Prior Instruction*), the deposit is **non-refundable**.

\_\_\_\_\_ A Credit by Exam for Acceleration score report will be entered into the student's grade history and will be used in determining GPA as stated in Board Policy. (Parent Initial)



**2024-2025**  
**Credit By Exam Application**  
**Grades 9-12**

Testing Date(s)	Exam Subject Requested	Online or Paper	Exam for Acceleration or Recovery

<b>Counselor's Name:</b>	<b>Signature</b>
<b>Principal's Name:</b>	<b>Signature</b>

Credit by Exam 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 [UT Study Guides](#). If you have questions, please call (817)232-0880 ext. 2601.

**Fall 2024 Testing for Grades 9-12**  
 Testing Date: October 15, 2024  
 \*Deadline for registration: September 6, 2024

**Summer 2025 Testing for Grade Levels K-12**  
 Testing Dates: June 3 & 4, 2025  
 \*Deadline for registration: April 18, 2025

**Spring 2025 Testing for Grades 9-12**  
 Testing Date: February 18, 2025  
 \*Deadline for registration: January 17, 2025

Testing Dates: July 8 & 9, 2025  
 \*Deadline for registration is May 16, 2025

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

*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

**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

<b>STAAR Results</b>			
Math/Algebra	ELAR	Science	Social Studies

**\*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