



Douglas County School District

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1638 Mono Avenue
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www.dcsd.net

PERMISSION TO TAKE A CREDIT BY EXAM (CBE)

Student Name: _____ ID Number: _____

School Name: _____ Counselor: _____

Course Name and Number for CBE: _____

Student and parents are aware that CBEs may not be accepted for NCAA eligibility or by certain colleges. It is the responsibility of the student to verify their post high school requirements. CBEs are \$50 per exam.

Student signature: _____ Parent Signature: _____

To be initialed by Counselor:

_____ The student has not earned credit in the course listed above.

_____ The student meets the full academic load requirement without the CBE.

_____ Has the student previously attempted this CBE? _____ Date: _____

Counselor Signature: _____ Date: _____

Admin Signature: _____ Date: _____

Credit By Exam Results: To be completed after the exam is administered.

Test Date: _____ Final Grade %: _____ Administration Site: _____

Name of Certified Test Administrator: _____ Title: _____

Name of Essay grader (if applicable): _____ Title: _____

Date registrar posted on transcript: _____ Signature: _____

Credits are posted as a P for Passing. Failed tests will not be posted to the student's transcript.

A print out of the student's score as documented in the selected testing platform must be printed and attached to this form. If the exam includes an essay, the graded essay must also be attached. These documents are to be stored in the students cumulative file.

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