



Request for Credit by Examination Without Prior Instruction Summer 2 CBE Administration

Parents complete this form and submit it to their child's school counselor by **Wednesday, May 20, 2026**.

Please complete a separate form for each course requested.

Student Information *(Type or Print)*

Student's Name: _____

Student's ID (including leading zeros): _____

Student's Date of Birth: _____

Student's Enrolled Campus: _____

Parent Information *(Type or Print)*

Parent Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State, and Zip Code: _____

Test information *(Type or Print)*

Select the acceleration requesting:

☐ Grade Level Acceleration: Grade Level _____

☐ Course Acceleration:

☐ Language _____

☐ Grades 6-8 Course _____

☐ High School Course _____

A \$25 fee per CBE assessment will be charged to skyward accounts for students
who do not attend their scheduled CBE administration.

Counselor's Recommendation

(Check one)

☐ The student has met the District's criteria and is approved to participate in this CBE Administration.

☐ The student is not approved to participate in this CBE Administration.

Counselor's Signature: _____ Date: _____

(For grade level acceleration only)

Principal's Signature: _____ Date: _____