



## Request for Credit by Examination Without Prior Instruction Course Acceleration - Spring CBE Administration

Parents complete this form and submit it to their child's school counselor by **Wednesday, February 18, 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:

- ☐ 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: \_\_\_\_\_