

Application for Awarding Credit by Assessment

To Be Completed By Student:

Student Name _____ Home Phone _____

Street Address _____ City _____ Zip _____

Grade _____ School _____ Student ID _____

Counselor _____ Date _____

I am requesting permission to test out of the following course (**Complete name of the course**):

Please explain why you feel you qualify to test out **of this course**: (As part of your explanation, please provide documented evidence that you have had the opportunity to learn the content presented in this course. This could be a transcript, a course syllabus, an online course registration/performance results, textbook or website where you have gained the information, etc.)

_____ Date _____
Student Signature

To Be Completed by Parent/Guardian:

I have reviewed the student guidelines and the above application, and I grant permission to proceed with **Credit by Assessment** for the above named course. I understand the pass/no pass letter will be sent in written form to myself and my student's counselor upon the completion of the Credit by Assessment process from the district curriculum department representative.

_____ Date _____
Parent/Guardian Signature

For Office Use Only

_____ Date Application Received _____
Counselor Signature