



Application for Credit By Exam School Year 2023-24

(Parent signature below serves as written approval for accelerating the student if he/she meets the score requirements. EFAs and CBEs will not be ordered at any time other than what is listed below.)

To Be Completed by Campus Counselor or Administrator Only

Student Last NameFirst NameStudent ID (Local ID)Date of Birth

Complete Mailing Address (Include Apt# and Zip Code)

CampusCampus Point of ContactPhone NumberSY 23-24 Enrolled Grade

Test #	Subject/Test	Semester (HS Only)		CBE (Credit Recovery)	EFA (Acceleration)
		A	B		
1		A	B		
2		A	B		
3		A	B		
4		A	B		

1. Is student receiving services under special education or Section 504? No Yes
 - a. If YES, has the IEP/IAP testing page been attached. *(Required)* No Yes
2. For **CBE** only: Is prior **FINAL** grade lower than 60? No Yes *(student cannot take CBE)*
3. Is a copy of student's transcript or report card attached? *(Required)* No Yes
4. Has a copy of the brochure, application, & Study Guides been provided to student? No Yes
5. Have you previewed multiple sources of data to endorse testing referral? No Yes *(attach data sources)*

Counselor or Administrator must sign and date here: _____

To Be Completed by PARENT and STUDENT Only

Fall and Winter Test Dates – HS Only (Saturdays): December 2 and February 24 – Sessions: (1) 8:30-12:00 and/or (2) 1:00-4:30

Summer Test Dates (Mon-Tues-Wed-Thurs): June 10, 11, 12, 13 and July 15, 16, 17, 18 Sessions: (1) 8:30-12:00 and/or (2) 1:00-4:30

Test #	Exam Date	Circle Session #	
1		1	2
2		1	2
3		1	2
4		1	2

Parent Signature

Date

Phone Numbers (include cell and work)

Parent email

Assessment & Accountability Office Use Only (104 E. Beeline Lane, Harker Heights, TX 76548)

Approval Signature Date

Comments: _____

- Transcript attached?

Data sources attached?

IEP/IAP attached?