

**MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
CREDIT BY EXAMINATION APPLICATION FORM - GRADES 1-12**

Credit by Examination WITHOUT PRIOR INSTRUCTION

PLEASE PRINT

Campus Principal _____ Campus _____
 Name _____ Age _____ Grade _____
 School ID # _____ Last _____ SS# _____ First _____ Birthdate _____
 Physical Address _____ City/State/Zip _____
 Mailing Address _____ City/State/Zip _____
 Telephone(s): Home () _____ Work () _____

STUDENTS CAN ONLY TEST FOR A GRADE/COURSE IN WHICH THEY HAVE NOT HAD PRIOR INSTRUCTION

(I understand that my child must meet the requirements of 19 TAC Chapter 74.24 to be accelerated. I also understand that I will be informed of all test results and that, for the purpose of test security, I may not review the tests.)

Junior High & Secondary (6-12)

- _____ Grade 6 English/Language Arts 6A & 6B, Mathematics 6A & 6B
 Social Studies 6A & 6B, Science 6A & 6B, Art, Health, Tech Apps
- _____ Grade 7 English/Language Arts 7A & 7B, Reading 7A & 7B
 Mathematics 7A & 7B, Texas History/Geography 7A & 7
 Science 7A & 7B, Art, Health, Tech Apps
- _____ Grade 8 English/Language Arts 8A & 8B, Mathematics 8A & 8B
 Science 8A & 8B, Arts, Health, Tech Apps

Grades 9-12: List the course titles that are requested for credit by examination for acceleration:

_____ (9) grade/course title _____ (11) grade/course title _____
 _____ (10) grade/course title _____ (12) grade/course title _____

For any language exam other than English credit by examination, please complete the following:

Have you received formal instruction in this language at any point in your educational career? For example: in an elementary Spanish or bilingual program, studied Spanish in another country, enrolled in an afterschool or summer program, etc.

YES

NO

Yes, I grant permission for accelerated testing through the Advanced Academic Services Department. This form **must be signed**. A letter will be sent indicating the test date(s); if you do not receive it, it is your responsibility to call 323-5506 and inquire as to the date.

Parent/Guardian Signature

Date

Registration Deadline:

Test Date:

_____ July 27, 2018

_____ September 4-6, 2018

_____ September 4, 2018

_____ November 6-8, 2018

_____ December 14, 2018

_____ February 5-7, 2019

_____ April 26, 2019

_____ June 4-6, 2019

FOR SCHOOL USE ONLY

_____ I certify that the student has not been enrolled, previously or currently, for formal instruction in the course/grade level.

Counselor Signature

Date

_____ I concur with the recommendation for the student to earn credit by examination for the subject/grade specified.

Campus Principal Signature

Date