

**MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**  
**CREDIT BY EXAMINATION APPLICATION FORM - GRADES 1-12**  
*Credit by Examination WITH 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 ( ) \_\_\_\_\_

***Credit by Examination WITH PRIOR INSTRUCTION***

**(For High School Credit, "prior instruction" must be documented at the secondary level)**

*A student who has received prior instruction in a course or subject but did not receive credit for the course may in certain circumstances be permitted to earn credit by passing a credit by exam with a 70%.*

List the course titles and grades received that are requested for credit by examination **with prior instruction**.

Course title: \_\_\_\_\_ Grade received: \_\_\_\_\_

Course title: \_\_\_\_\_ Grade received: \_\_\_\_\_

Course title: \_\_\_\_\_ Grade received: \_\_\_\_\_

Course title: \_\_\_\_\_ Grade received: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<b>Registration Deadline:</b>	<b>Test Date:</b>
_____ 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**

**HOME LANGUAGE SURVEY:**

**CREDIT BY EXAMINATION FOR ACCELERATION WITH PRIOR INSTRUCTION**

\_\_\_\_\_ I certify that the student has received prior instruction in each course for which credit by exam is being requested.

\_\_\_\_\_  
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

Original Home Language Survey:

\_\_\_\_\_  
\_\_\_\_\_

- Elementary Bilingual Ed Program  
Year: \_\_\_\_\_ Grade: \_\_\_\_\_
- Spanish in Junior High
- Spanish in High School Level:  
Level 1 2 3 Grade: a \_\_\_\_\_ b \_\_\_\_\_