



# Credit by Exam for Acceleration 2020-2021 Registration Form

<b>Testing Dates</b>	<b>Registration Deadline</b>
October 19-23	October 2
March 8-12	February 16
June 7-10	May 7
July 5-8	May 7

## Section I: Student Information

Please print legibly and fill in **ALL** information.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ Student D.O.B. \_\_\_/\_\_\_/\_\_\_\_  
 Campus \_\_\_\_\_ Student HISD ID Number \_\_\_\_\_ Grade Level \_\_\_\_\_

I have read over the Credit by Examination guidelines and understand that I am taking this assessment to accelerate in a course or grade level. I take responsibility to prepare myself for the assessment. I understand that I am required to attend the Credit by Examination session and may not be approved to take future assessments if I am absent from more than 2 consecutive test administrations. I understand the time length of the assessment, dates of administration, including the performance section of the credit by exam (if applicable), and how I will be notified of my results. I understand that I am required to earn at least an 80% on all portions of the assessment for course acceleration.

\_\_\_\_\_  
Signature of Student Printed Name of Student

I prefer to take my exam in-person.  
I prefer to take my exam online if the online version is available.

## Section II: Parent Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_  
Street Number Street Name Apt. Number  
 \_\_\_\_\_  
City State Zip

504/IEP Test Accommodation: Yes \_\_\_\_ No \_\_\_\_ If yes, attach copy of IEP or 504 plan to submit for approval from TTU. By signing this form I attest that I have read the examination procedures and guidelines for Examination for Acceleration and am aware of the time limits on taking the test, the 80% or above score required for course for initial credit, that the test is administered on the dates specified on the application and reminder email will be sent to the email on record prior to test administration, that I will provide transportation to the test site (if applicable), and that I approve my child's acceleration for the course stated on the application.

\_\_\_\_\_  
Signature of Parent or Guardian Printed Name of Parent or Guardian Date

## Section III: Counselor

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Name of course \_\_\_\_\_ Grade Level \_\_\_\_\_ Semester A \_\_\_\_ B \_\_\_\_ **Testing Dates** **Registration Deadline**  
 Name of course \_\_\_\_\_ Grade Level \_\_\_\_\_ Semester A \_\_\_\_ B \_\_\_\_ October 19-23 October 2  
 Name of course \_\_\_\_\_ Grade Level \_\_\_\_\_ Semester A \_\_\_\_ B \_\_\_\_ March 8-12 February 16  
 Name of course \_\_\_\_\_ Grade Level \_\_\_\_\_ Semester A \_\_\_\_ B \_\_\_\_ June 7-10 May 7  
 Name of course \_\_\_\_\_ Grade Level \_\_\_\_\_ Semester A \_\_\_\_ B \_\_\_\_ July 5-8 May 7

The information provided on the application and attached documentation has been verified and is accurate. All CBE information and guidelines have been thoroughly explained to the parent and student. If student has 504/IEP accommodations the Counselor has sent the accommodations to TTU for approval.

\_\_\_\_\_  
Signature of Counselor Signature of Principal