HS APPLICATION FOR CREDIT BY EXAM

(Parent signature below serves as written approval for accelerating the
student if he/she meets the score requirements)

To Be Completed by Campus Counselor or Administrator Only

Student Last Name: _____ First Name: _____ Student ID: _____ DOB: _____

Student Mailing Address (include Apt # & ZIP Code) _____

Campus: _____ Campus POC: _____ Campus Phone: _____

Current Enrolled Grade: _____

Test 1:   A / B   EFA / CBE

Subject/Test: _____ Semester: _____ Test Type: _____ Test Location: PROCTORIO

Test 2:

Subject/Test: _____ Semester: _____ Test Type: _____ Test Location: PROCTORIO

Test 3:

Subject/Test: _____ Semester: _____ Test Type: _____ Test Location: PROCTORIO

Test 4:

Subject/Test: _____ Semester: _____ Test Type: _____ Test Location: PROCTORIO

1. Is student receiving services under special education or Section 504? ☐ Yes ☐ No

    If YES, has the IEP/IAP testing page been attached? (*Required*) ☐ Yes ☐ No

2. For **CBE** only: Is prior FINAL grade lower than 60? If YES, student cannot take CBE. ☐ Yes ☐ No

3. Is a copy of student's transcript or report card attached? (*Required*) ☐ Yes ☐ No

4. Has a copy of the brochure and applicable Study Guide been provided to student? ☐ Yes ☐ No

5. Have instructions for accessing the online testing platform been provided to student? ☐ Yes ☐ No

Counselor or Administrator must sign & date here: _____ Date: _____

To Be Completed by PARENT/STUDENT Only

My initials in the box on the right indicate I am aware that my child will take his/her exam(s) online and will be recorded (video and audio via computer webcam and microphone) while taking his/her exam(s). The recording, in addition to other data, will be sent to the University of Texas and/or Texas Tech University for review after my child has submitted his/her exam(s). [   ]

Signature: _____ Date: _____

Phone Numbers (include work & cell): _____

E-mail Address: _____