

**PASADENA ISD ADVANCED ACADEMICS**  
**CREDIT BY EXAM APPLICATION FOR HIGH SCHOOL COURSES**

Student Name _____	Student ID # _____
(Last)	(First)
Address _____	City _____ Zip _____
Home Phone (____) _____	Cell Phone (____) _____ E-Mail Address: _____

- Credit by exam for high school courses:
- The student must have had no prior instruction in the course.
  - A student must score at least 80% on the district approved exam.
  - If credit is awarded, exam scores are recorded on the student's transcript. The score earned on a credit by exam will be calculated in the student's GPA.
  - A day of testing is necessary for students to complete each one (1) or one-half (1/2) credit course.
  - Exam results will be shared with campus Lead Counselor after scoring is completed (allow at least 30 days).

Credit by Exam Requested: _____	Exam date: _____
Requested by: <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Other	
Parent/Guardian:	
<input type="checkbox"/> I understand the district's procedures for credit by examination, including the 80% passing score requirement, and give permission for testing.	
_____	_____
Parent/Guardian Signature	Date
Return to: <u>Student Counselor for review</u>	

**For campus use only:**

Student records have been reviewed and the student above **does qualify for credit by examination** for \_\_\_\_\_.

**Course name**

Reason NOT approved: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_