## Katy Independent School District

## Application for Credit by Examination without Prior Instruction (Student Application/Campus Approval Form – Grades 1-12)

Name of Student	Social Security/PEIMS ID #	Student's Katy ISD #	Current Grade Level
Elementary Only: Grade Level to be Tested	Date of Birth: (MM/DD/YYYY)	Current Campus	Next Year's Campus
Secondary Only: Specific Subject(s) and Semester(s), if applicable, to be Tested		FOR CAMPUS USE ONLY Scheduled CBE Testing Date:  Transcript verified that student does not already have credit? Prerequisites met? Student has not reached the retest limit? Student has not received CBE credit for any other course this year?	
Credit by examination without prior instruct may be advanced one grade level in grades a subject per academic year if the District's recan 80% or higher and the score shall be reconnece an 80% or higher is earned. No weight COST FOR TAKING CREDIT BY EXAMINATION	1-5 or may receive one unit of cre quirements are met. See EHDC (Rorded on the transcript. Students ed credit can be earned through (	dit for a course in grad egulation)* for details. are not allowed to rete	es 6-12 per Students must earn
<ul> <li>There is no charge to students for th application.</li> </ul>	ne first administration of a criterio	n-referenced test cove	red by this
My child,examination test and if appropriate scores a and will be placed in the next succeeding grainstruction for this test.	re met, will be given credit for cor	•	evel/course tested
Parent Statement: (Why credit by exam would benef	fit my child?)		
Signature of Parent/Guardian		Date	
Street Address		Telephone (home)	
City/State/Zip	Telephone (work)	Telephone (cell)	
My signature indicates that the above-name	ed student meets the criteria to be	e tested for credit by ex	amination.
Signature of Administrator or Counselor	Current Campus	Date	

Original: Campus Administrator or Counselor Copy to: Parent