

 pplication Submittal Date:
 Campus:
 Receiving staff member:

Application Form: Grade 1 – 12 Examination for Credit or Promotion Consideration <u>WITH Prior Instruction</u>

Student Name:				
Current Grade:	DOB:			
Address:		Phone:		
Subject area/grade level of the exa	m(s) requested:			
Reason(s) for applying:				
Parent/Guardian: Please initial each item below: I understand that L.I.S.D. will review my student's available academic history to ensure that prior instruction has been offered for the course(s) requested, and that credit by examination is an appropriate educational option. My son/daughter is applying to take an exam(s) for credit or promotion after receiving prior instruction. Lampasas I.S.D. is not obligated to furnish textbooks, study guides, or other preparation materials to prepare for the exam(s). I understand that students must obtain a qualifying score of 70% to obtain any credit or to be considered for promotion. I also understand that this credit will NOT be calculated in his/her GPA and class rank. Parent Signature Date Student Signature Date				
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For office use:				
Counselor Signature Administrative Notes:	Date	Principal/Designee Signature	Date	