

**MIDDLE SCHOOL
CREDIT BY EXAM APPLICATION
Summer 2020**

PLEASE TYPE OR PRINT:

STUDENT ID #: _____ HOME CAMPUS: _____ 2019-2020 CAMPUS: _____

STUDENT: _____ GRADE LEVEL: _____
(Last) (First) (MI)

PARENT/GUARDIAN: _____
(Home Phone #) (Work Phone #)

APPROVED BY:			
Counselor's Signature	Date	Parent's or Guardian's Signature	Date

TESTING INFORMATION:

- A photo ID is required for admittance to the test.
- If photo ID is not available for the student, a legal guardian must accompany their student and show ID at check-in.
- Calculators will be provided for exams.
- Application will be emailed by school Counselor to creditbyexam@cfisd.net.
- The testing date and time will be provided through school messenger.
- Make sure your contact information is up to date.

CIRCLE TEST DATE: August 3rd – 7th

CIRCLE APPROPRIATE TEST: One form per test.

Math 361 <small>(5th grade to 7th Level 1 or on-level 6th <85 to 371)</small>	Moving Up In Math <small>(On-level 6th grade ≥85 to 7th Level 1)</small>	
Math 371 <small>(6th grade Level 1 to Alg. I or on-level 7th <85 to Alg.1)</small>	Accelerate to Algebra <small>(On-level 7th grade to Algebra I MS)</small>	
Algebra I-A	Algebra I-B	Geometry OC Geometry A (MU/PI) Geometry B (MU/PI)
Language Arts 6	Language Arts 7	Language Arts 8
W Cultures 6	TX History 7	US History 8
6 th Grade Science	7 th Grade Science	8 th Grade Science

LOTE: CIRCLE LANGUAGE & LEVEL									
Spanish	German	French	Latin	Other Language: _____	Level I	II	III	IV	

CIRCLE TYPE OF CREDIT:

Original Credit	CBE <i>without</i> prior instruction - 80% or above required for L-level credit. <input type="checkbox"/> GPA/Class Rank Acknowledgement form is attached. (MS – LOTE and Math Acceleration forms required where appropriate.)	No Fee
Credit Recovery	CBE for Credit Recovery - 70% or above required for credit. Prior Instruction - correspondence, non-accredited private school, non-accredited home school, out-of-state or international programs. <input type="checkbox"/> Required verification of prior instruction is attached.	\$30 Fee

COMPLETE INFORMATION BELOW AND RETURN TO THE COUNSELOR'S OFFICE ONE WEEK PRIOR TO TESTING:

Total Amount Received \$ _____ Receipt # _____ Cash Receipt to Budget Code 4610-0000-996-00000-R5749

Check One: Cash _____ Cashier's Check _____ Money Order _____ Money Order or Cashier's Check Signed by: _____
 (Make cashier's check or money order payable to Cy-Fair I.S.D.)

Fee Received by: _____ Date: _____