

CREDIT-BY-EXAM APPLICATION

Please type or print legibly

NAME: _____

DATE: _____

HR TEACHER: _____

HR #: _____

COURSE FOR WHICH YOU ARE APPLYING FOR CREDIT-BY-EXAM

(Please give a specific course title)

****Applications must be reviewed by June 1****

A student who believes that by exercising this option in a particular course will benefit academically must develop an alternative plan for meeting the course requirements, complete a major project which is approved by the director of the department which offers the course being considered, and earn a score of 85% or above on a State-developed or department-approved examination.

Interested students must see their guidance counselor or the appropriate department director for details. Applications, which are available in the guidance office, must be submitted to the director of mathematics/ principal for approval prior to the beginning of a credit-by-exam program.

In order to help the director of mathematics/ principal to assess this application, a student must complete all of the following steps. Please note that credit-by-exam cannot be earned without prior approval of the director of mathematics/ principal.

PART I:

Write an essay in which **ALL** of the following questions are answered:

1. Why are you requesting credit-by-exam for this course?
2. Why do you believe you are qualified for credit-by-exam?
3. What do you hope to accomplish by using this option rather than earning credit by registering for the class?
4. After carefully considering the department's requirements for credit-by-exam, explain in detail how you plan to meet these requirements. What will the topic of your project be and how will you complete the project? (BE SPECIFIC)

Attach this essay to your application.

PART II: PARENT/GUARDIAN ENDORSEMENT

Parents/Guardians: Please comment on your feelings regarding this request. Please understand that your approval is part of a comprehensive process and is not an assurance that your child's request will be granted.

I understand all of the requirements of this process and do _____ do not _____ endorse my child's request for credit-by-exam.

Daytime Phone Number

Parent's/Guardian's Signature

PART III:

After completing Parts I and II, return this application (with your essay) to your guidance counselor who will attach a copy of your academic record and forward the entire application to the mathematics department director.

Counselor Comments:

Counselor's Signature

PART IV: DEPARTMENT DIRECTOR'S RECOMMENDATION

I do _____ do not _____ recommend approval of this request.

Comments:

Math Dept. Director Signature

PART V: PRINCIPAL'S DECISION

_____ APPROVED

_____ APPROVED WITH THE FOLLOWING MODIFICATIONS:

_____ NOT APPROVED

Principal's Signature