

Application for Awarding Credit by Assessment

To Be Completed By Student:

Student Name _____ Home Phone _____

Street Address _____ City _____ Zip _____

Grade _____ School _____ Date _____

I am requesting permission to test out of the following course:

Please explain why you feel qualified to test out:

_____ Date _____

Student Signature

To Be Completed by Parent/Guardian:

I have reviewed the student guidelines and the above application, and I grant permission to proceed with the testing out process for the above named course.

_____ Date _____

Parent/Guardian Signature Date

For Office Use Only

_____ Date Application Received _____

Counselor Signature

Result of the Assessment Process:

(check the appropriate blank)

Course Name _____

Failed to complete process on time _____

Did not pass both assessments _____

Earned Credit _____

Number of Credits Earned _____

Curriculum Office Signature: _____

Date: _____

Copies:

white - student's file

yellow - curriculum office

pink - consultant

Anoka-Hennepin District No. 11

Coon Rapids, MN 55433

Forms Reviewed by Superintendent and Cabinet

June 11, 2012