



### Exam for Acceleration/Credit Recovery Form

Student Name:		Campus:	
Current Grade:		Local ID#:	
Date of Birth:			
Address:			
Phone Number:			
Test Requested: (Grade Level or Course)			
I give my student permission to participate in the exam for acceleration/credit recovery.			
Parent Signature:			
Date:			
<b>Criteria</b>			
<b>Grades 1 - 5</b>		<b>Grades 9 - 12</b>	
1) Comply with the deadlines stated in the information letter		1) Comply with the deadlines stated in the information letter	
2) Have recommendation from a school district representative that the student be accelerated		2) Must have successfully completed or be enrolled in the pre-requisite for requested exam	
3) Return Exam for Acceleration Form to school by published deadline		3) Return Exam for Acceleration Form to school by published deadline	
<b>Testing Information</b>			
<b>Request Deadline</b>		<b>Testing Date</b>	
October 4, 2017		November 6-8, 2017	
January 10, 2018		February 12-14, 2018	
April 11, 2018		May 14-16, 2018	
May 23, 2018		July 9-11, 2018	
<b>No requests will be accepted after the published deadlines for test administrations.</b>			
<b>FOR OFFICE USE ONLY</b>			
Form Received By:		Date:	
Approved By:		Date:	



**Pewitt CISD**

---

**Exam for Acceleration/Credit Recovery Form**