



Pewitt CISD

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:			
Criteria			
Grades 1 - 5		Grades 9 - 12	
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	
Testing Information			
Request Deadline		Testing Date	
October 2, 2019		November 5 – 8, 2019	
January 10, 2020		February 18 – 21, 2020	
April 24, 2020		June 15 – 19, 2020	
August 3, 2020		September 14 – 18, 2020	
No requests will be accepted after the published deadlines for test administrations.			
FOR OFFICE USE ONLY			
Form Received By:		Date:	
Approved By:		Date:	