



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, 2018	November 5-9, 2018		
January 11, 2019	February 19-22, 2019		
April 26, 2019	September 10 - 14, 2019		
August 1, 2019	November 5 - 9, 2018		
No requests will be accepted after the published deadlines for test administrations.			
FOR OFFICE USE ONLY			
Form Received By:		Date:	
Approved By:		Date:	