



Application for Test Out for Credit

Date: _____

At the time a student applies for course credit through the assessment process, the student should be prepared to proceed.

Student Name: _____ Phone: _____

Address: _____
(Street) (City) (Zip)

School: _____ Grade: _____ Date: _____

I am requesting permission to receive course credit for the following course: _____

Elective Required Department: _____

Please explain why you feel qualified to test out for credit for the course:

Description of prior learning: What have you studied? _____

Strategies: How have you achieved this learning? _____

Expertise: What resources or people have helped you achieve this learning? _____

Learning Outcomes: What have you learned? _____

** Student can attach additional examples to support the application.*

I have reviewed this application and request that the Course Credit for Learning process proceed.

Parent / Guardian Signature

Student Signature

Curriculum Assistant Signature

Counselor Signature