

# BOARD OF TRUSTEES AGENDA

<input type="checkbox"/>	Workshop	<input checked="" type="checkbox"/>	Regular	<input type="checkbox"/>	Special
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- (A)  Report Only  Recognition

**Presenter(s):**

**Briefly describe the subject of the report or recognition presentation.**

- (B)  Action Item

**Presenter(s): Samuel Mijares, Deputy Superintendent for C & I  
David Camarillo, Director for C & I**

**Briefly describe the action required.**

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO PURCHASE CREDIT BY EXAM TESTS FOR EPISD SECONDARY CAMPUSES FROM TEXAS TECH UNIVERSITY ISD AND THE BOARD DELEGATES THE SUPERINTENDENT OR DESIGNEE THE AUTHORITY TO MAKE RELATED BUDGETED PURCHASES OF GOODS OR SERVICES AS PER BOARD POLICY.

- (C) **Funding source: Identify the source of funds if any are required.**

169 HIGH SCHOOL ALLOTMENT FUNDS

- (D) **Clarification: Explain any question or issues that might be raised regarding this item**

CREDIT BY EXAMS ALLOW STUDENTS TO EARN COURSE CREDIT TOWARDS GRADUATION

**EAGLE PASS INDEPENDENT SCHOOL DISTRICT**  
***INSTRUCTIONAL SERVICES DEPARTMENT***

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 ext-1083 FAX (830) 758-7164

**Credit By Exam Board Agenda Item**

**2017-2018**

Vendor	Grade Level	Description	Funding	Estimated Amount For Fall & Spring
<b>TTUISD</b>	<b>Secondary Campuses</b>	<b>Credit By Exams</b>	<b>169</b>	<b>\$60,000.00</b>

Approved by EPISD Board of Trustees

12<sup>th</sup> day of September, 2017

\_\_\_\_\_  
Superintendent

\* Required

### INSTRUCTIONS

This form has been created for use by school districts and educational service centers when ordering CBEs in quantity. All exams ordered on this form will be sent to the address listed below. **Please see that students get review material in time to study for their exams.** Use this form to indicate the total number of exams you need for each subject area and total costs.

**Reminder: students may only take a CBE twice.** If you are ordering for multiple campuses and would like the tests to be bundled together by campus, please use a separate Exam Form for each campus and complete the information at the top of each one.

**No refunds will be granted for CBEs.**

Test Date \*

### COST INFORMATION

CBEs are now \$25.00 each with no shipping charge for standard shipping.

Expedited overnight delivery will be available for an extra fee.

### SHIPPING INFORMATION

Information must be completed by school district official.

School District Official

Name \*

Title \*

Educational Service  
Center or School District  
Name \*

Campus Address

Street Address \*

Street Address Line 2

City \*

County \*

State / Province \*

Postal / Zip Code

Phone \*

Contact Person's Name \*

E-mail Address \*

**CONTACT INFORMATION**

Information must be completed by school district official.

**Copy Shipping Information**

School District Official

Name \*

Title \*

Educational Service  
Center or School District  
Name \*

Address

Street Address \*

Street Address Line 2

City \*

County \*

State / Province \*

Postal / Zip Code

Phone \*

E-mail Address \*

**SUMMARY FORMS**

If you are an Educational Service Center ordering for multiple school districts, use one form per district. If you are a school district ordering for multiple campuses, use one form per campus. If you don't need your exams sorted by districts or campuses, you may use only one form.

**Summary Form 1**

**Sorting Options**

Campus Name \*

Campus Address

Street Address \*

Street Address Line 2

City \*

County \*

State / Province \*

Postal / Zip Code

Credit By Exams

	Name of Credit by Examination	Number Needed	Cost
1	<input type="text"/>	<input type="text"/>	\$0.00
2	<input type="text"/>	<input type="text"/>	\$0.00
3	<input type="text"/>	<input type="text"/>	\$0.00
4	<input type="text"/>	<input type="text"/>	\$0.00
5	<input type="text"/>	<input type="text"/>	\$0.00
6	<input type="text"/>	<input type="text"/>	\$0.00
7	<input type="text"/>	<input type="text"/>	\$0.00
8	<input type="text"/>	<input type="text"/>	\$0.00
9	<input type="text"/>	<input type="text"/>	\$0.00
10	<input type="text"/>	<input type="text"/>	\$0.00
11	<input type="text"/>	<input type="text"/>	\$0.00
12	<input type="text"/>	<input type="text"/>	\$0.00
13	<input type="text"/>	<input type="text"/>	\$0.00
14	<input type="text"/>	<input type="text"/>	\$0.00

15

\$0.00

**Add CBE**

Total \$0.00

**Add Summary Form**

CBE Order Grand Total \$0.00

**Mailing Address:**

Attention: TTUISD  
Texas Tech University  
Box 42191  
Lubbock, TX 79409

**Physical Address:**

Attention: TTUISD  
Drane Hall  
Texas Tech University  
2515 15th St.  
Lubbock, TX 79415

**TTUISD Email:**

[ttuisd@ttu.edu](mailto:ttuisd@ttu.edu)

Questions? [Contact TTUISD](#) .

By clicking one of the following buttons, you are electronically authorizing this Institutional Testing Services Enrollment Form to be submitted.

Purchase Order Number

**Pay with Purchase Order**

**Pay with Credit Card**

**Save for Later and Print**