

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 Instructional Services**

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

2016-2017

Vendor	Grade Level	Description	Funding	Estimated Amount For Fall & Spring
TTUISD	Secondary Campuses	Credit By Exams	169	\$61,000.00

Approved by EPISD Board of Trustees

13th day of September, 2016

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 \$23.00 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 *

Expedite Shipping YES (Total cost with expedited shipping will be calculated after items are packed for shipping. If you do not supply a purchase order number, you will be contacted for confirmation of charge for payment.)

BILLING 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 *

Purchase Order Number

If a purchase order number is not supplied, your payment will be expected via credit card after submitting this form. Please have a credit card ready.

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			\$0.00
2			\$0.00
3			\$0.00
4			\$0.00
5			\$0.00
6			\$0.00
7			\$0.00
8			\$0.00
9			\$0.00
10			\$0.00
11			\$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	<input type="text"/>	<input type="text"/>	\$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

Questions? [Contact TTUISD](#) .

By clicking submit, you are electronically authorizing this Institutional Testing Services Enrollment Form to be submitted.

Submit