

| Please <i>PRINT</i> the following information:                        |   |
|---|---|
| Date Individual Recommend   | ling CBE testing  |
| 2025-26 Campus  | 2025-26 Grade Level   |
| Name of Student   |   |
|   |   |
| Address   |   |
|   |   |
|   | (Work)  |
| Credit by Exam(s) to be ordered:                                      |   |
| I give my permission for my child to have required to receive credit. | ve the Credit by Exam test(s) administered. I understand that a score of at least 80% |
| Parent/Guardian Signature   | Date  |
| Student Signature   | Date  |
| SISD District Approval  | Date  |

| Registration Deadline | Testing Window       |
|-----------------------|----------------------|
| August 4, 2025        | August 4-11, 2025    |
| December 1, 2025      | December 15-18, 2025 |
| December 15, 2025     | January 5, 2026      |
| May 8, 2026           | May 26-29, 2026      |

CBE testing information and the Texas Essential Knowledge and Skills are located on this site:

https://www.depts.ttu.edu/k12/current-students/forms/cbe-review-sheets/