



Application for Demonstration of Mastery for Credit

Student Name: _____ Date _____

Address: _____ Phone: _____

School: _____ Grade: _____

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:

Descriptions 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?

After completing the application, the Curriculum Specialist will form a committee made up of a teacher or teachers of the course, the student's counselor, the student and parent/guardian(s), and the Curriculum Specialist of that area to determine if the application will be approved or denied. If the application is denied, the student and/or parent/guardian(s) have two weeks to appeal to the Curriculum Director. If approved, the necessary assessment will be created by the Curriculum Specialist, and a teacher or teachers of that course, you will be notified of the type of questions, deadlines, what chapters will be covered and the location of the test.

I understand that the test-out assessment for this course will include written and performance based assessment. The student must successfully complete the written assessment prior to moving on to the performance assessment. The performance based assessment may require that the student demonstrate skills, answer questions in an interview, exhibit a portfolio of tasks and/or be involved in some other type of performance assessment.

I understand that successful completion of the assessment will mean that the student will receive credit for the course, a grade of "P" and no GPA points.

Parent/Guardian Signature: _____

Student Signature: _____

I have reviewed this application and request that the Demonstration of Mastery for Credit proceed:

Counselor: _____ Date: _____

Curriculum Specialists: _____ Date: _____

Other Committee Member(s):
_____ Date: _____

_____ Date: _____

Results of Assessments

Student has passed the test-out assessment with the following score: _____

Credit earned: yes no

This course should be replaced with the following
course: _____

Results have been recorded on the transcript

Student/Parent have been notified by mail.

Student has not passed the test-out assessment.

Student/Parent has been notified by mail.

Curriculum Specialists Signature: _____

Date: _____