BOARD OF TRUSTEES AGENDA

	Workshop	X	Regular		Special
	Report Only				Recognition
Presenter	(s): scribe the subje	ct of the re	nort or reco	inition presen	tation.
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X	Action Item	1			
Presenter	(s): Samuel Mij	ares- Assis rnandez, Jr	Director o	tendent for C of Instructiona	
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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

2013-2014

Vendor	Grade Level	Description	Funding	Estimated Amount For Fall & Spring
TTUISD	Secondary Campuses	Credit By Exams	169	\$20,000.00

Approved by EPISD Board of Trustees

10th day of September, 2013

Superintendent



TESTING SERVICES ENROLLMENT FORM

For School Districts or Educational Service Centers Ordering Credit by Exams in Quantity





Questions? Call: 800.MY.COURSE (800.692.6877)

806.742.7101



Mail to: TTUISD Box 42191 Lubbock, Texas 79409-2191



Fax to: 806.742.7222





E-mail to: testing.ttuisd@ ttu.edu

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. Use the Student/Exam Form to list students, their Social Security numbers, and the exams they will take. If you are ordering for multiple campuses and would like for the tests to be bundled together by campus, please use a separate Student/Exam Form for each campus and complete the information at the top of each one. If you wish to give an exam to a student other than those listed, you must inform the TTUISD office. Failure to do so could result in delay of receipt of scores. Any test(s) not taken must be returned with the completed exams. No refunds will be granted for CBEs.

Test Date			ature			
MAILING INFORMA		· uncuu.)				
Information must be comple		l; please print leg	ibly.			
-						
School District Official's Nan	ne		Title			
Educational Service Center of	or School District Name					
Street Address						
City				Zip		
Telephone ()						
E-mail						
COST INFORMATIO	N					
For school districts ordering Check the appropriate disco		iscounts apply.				
☐ 1-10 exams						
	\$24 each + shipping					
☐ 21 or more	\$17 each + shipping					
PAYMENT INFORMA	ATION					
☐ Check – NO TEMPORAR	Y CHECKS ACCEPTED (pay	able to Texas Tech	University)			
Ck. #	*Driver's License #		*Dat	e of Birth		
☐ Money Order (payable to	Texas Tech University)	☐ P.O. #				
☐ Credit Card: ☐ Maste	erCard □ VISA	☐ Discover	☐ American Expre	ess		
Card #			Cardholder's Name			
Expiration Date			Signature			

*required when paying by check