

## CALHOUN COUNTY SCHOOLS Credit Advancement Application

<b>Student Name</b>		<b>School</b>	
<b>Grade Level</b>		<b>Date of Application</b>	

**Option 1:**

\_\_\_\_\_ Request to take end -of- course assessment prior to enrollment in the course listed below.

**Option 2:**

\_\_\_\_\_ Credit Advancement based on norm or criterion referenced testing  
ACT Score \_\_\_\_\_ Guidance Counselor Signature \_\_\_\_\_

**Option 3:**

\_\_\_\_\_ Teacher recommendation for Credit Advancement based on student proficiency.  
Teacher Signature \_\_\_\_\_

**List Course Request for Credit Advancement**

Course Name	Grade	Semester 1 <sup>st</sup> or 2 <sup>nd</sup>

(We have read the Credit Advancement Policy and agree to adhere to the regulations therein.)

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**Local Credit Advancement Team**

Principal or designee \_\_\_\_\_

Asst. Principal \_\_\_\_\_

**A copy of this application should be placed in the student's permanent record.**