



Test for Credit

Print Form

Office of Teaching and Learning
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9212 || F: (907) 746-9292

Instructions: On a case by case basis, Test for Credit will allow a student to demonstrate that he/she meets or exceeds the content expectations associated with the subject area, as defined by the State of Alaska Academic Standards, the MSBSD Curriculum Framework, and the MSBSD Curriculum Blueprint. Please complete and submit this Test for Credit request to the Office of Instruction. The Original Form is to be filed in the student's permanent file after approval, one copy is to be filed with the counselor, and one copy is for the student.

| | | | | | |
|---------------------|----------------------|--------------|----------------------|----------|----------------------|
| Student Name | <input type="text"/> | Student ID # | <input type="text"/> | Grade | <input type="text"/> |
| Student's Counselor | <input type="text"/> | | | Semester | <input type="text"/> |
| High School | <input type="text"/> | | | | |

| | |
|---------------|----------------------|
| Course Name | <input type="text"/> |
| Proposed Test | <input type="text"/> |

| | | |
|---------------------|----------------------|------------------------|
| Test Proctor's Name | <input type="text"/> | _____ |
| | | Test Proctor Signature |
| | | Date |

- I understand that a qualifying score on Test for Credit will be reflected as a "Pass" on student's transcript.
- I understand that credit earned through Test for Credit does not meet NCAA eligibility.

| | |
|------------------------------------|---------------|
| _____ Parent/Guardian Signature | _____ Date |
|------------------------------------|---------------|

| | |
|------------------------------|---------------|
| _____ Counselor Signature | _____ Date |
|------------------------------|---------------|

| | |
|----------------------------------|---------------|
| _____ Administrator Signature | _____ Date |
|----------------------------------|---------------|

APPROVAL: Scan this form to the Office of Instruction.

| | | | |
|-----------------------------------------------|----------------------|-----------------------------------|---------------------------------|
| _____ Superintendent or Designee Signature | _____ Date | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Pending | <input type="text"/> | | |