

Washington County School District
CREDIT BY EXAMINATION APPLICATION

Name: _____ Grade: _____

School: _____ Examination to be taken: _____

Date for examination (check one):

August December March

I have read the requirements for credit by examination and find that I am in full compliance.

Signature of Applicant

Date

Approval of Parent

Date

Approval of Counselor

Date

Approval of Principal

Date

*On approval of this application, you will be notified as to
time and place of examination.*

<p>For Office Use Only</p> <p>Date examination was taken: _____</p> <p>Score: _____ Credit Granted: _____</p> <p>Fee: \$5.00.....Paid</p> <p>_____ Signature of Asst. Superintendent for Sec. Ed.</p>
