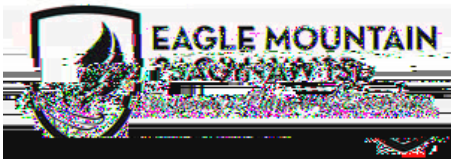
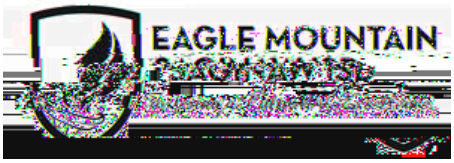


2023-2024
Credit By Exam Application
Grades 9-12

Student Name:

Campus Name:



2023-2024
Credit By Exam Application
Grades 9-12

Testing Date(s) Exam Subject

This form will need to be completed only if your child is taking the Credit by Exam for acceleration purposes

Eagle Mountain-Saginaw ISD
PARENT/STUDENT
Refund Request

Student Name: _____

Student ID: _____

Purpose for refund: Credit by Exam Refund _____

Amount Due: _____

Please select the refund method below:

____ Parent/Guardian will pick up the refund

____ Student will pick up the refund.

The deposit will be returned to the parent/student on the last day of testing. By signing below, you acknowledge that you or your