



# MOORHEAD

## AREA PUBLIC SCHOOLS

### Independent School District 152

Probstfield Center for Education

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■ Superintendent: 218-284-3330

■ Assistant Superintendent: 218-284-3370

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### Course Credit by Assessment: Application for Testing Out of a Course

Administrative Procedure: 653.1

Section: 600 EDUCATIONAL PROGRAMS

Date Adopted: 3/6/2006

Date Revised: 11/12/2013

Dates Reviewed: 5/13/2008, 6/15/2010, 11/12/2013  
6/12/2017

### COURSE CREDIT BY ASSESSMENT: APPLICATIONS FOR TESTING OUT OF A COURSE

When a student applies for high school credit through the assessment process, it is assumed the student believes that he or she is ready to demonstrate the learner outcomes of the course in place of the traditional teaching/learning process.

- The student will discuss the request for credit by assessment with the school counselor at least one month before the assessment is given.
- Testing out is an option for classes that are higher level than one a student is currently enrolled in.
- An 80% level of proficiency is required to receive credit.
- The student must make arrangements with the counselor and department chair.
- The credit by assessment for any AP course will be the AP test.

### TO BE COMPLETED BY THE STUDENT

Student's name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

I request permission to test out of the following course: \_\_\_\_\_

I believe I am qualified to test out of this course for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY STUDEN’S PARENT/GUARDIAN**

I have reviewed the student guidelines and the above application, and I grant permission to proceed with the testing out process for the above-named course.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY SCHOOL OFFICE PERSONNEL**

\_\_\_\_\_  
Counselor’s signature

\_\_\_\_\_  
Date application received

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date application received

\_\_\_\_\_  
Teacher of Record

\_\_\_\_\_  
Date

Result of assessment process:

- \_\_\_\_\_ Failed to complete process on time.
- \_\_\_\_\_ Did not pass assessments.
- \_\_\_\_\_ Earned credits.

\_\_\_\_\_  
Principal authorization of credit earned

\_\_\_\_\_  
Date