## **CREDIT FLEXIBILITY APPLICATION**

Student's Name:	Current Grade:
Street Address:	
	Telephone:
	RATION OF MASTERY  ay of the previous school year if you are requesting this
option. Please contact the school guidance	department if you are new to the district.)
Check the test you plan to take:	
Language Arts 9 Language Arts 10 Language Arts 11 Algebra I Geometry Algebra II	World History American History Principles of Democracy (POD) Physical Science Biology
Procedures:  A. Complete the application.	
B. Return application to your school c	counselor by February 15.
C. Contact the CFHS counselor to sch	nedule your test.
D. Tests will be given during the secon	nd week of May.
E. Students must earn an 80% or bette	er in order for credit to be given; they may only make one
test-out attempt per class per year.	Students may be assigned a letter grade based on the results
of the test, they may choose to take	the class, or they may choose to use a Pass/Fail option.
(Students are limited to using a Pas	ss/Fail option twice throughout their high school career.)
2. Advanced Placement Test-out Option	
Procedures: A. Notify counselor of your intent to take	ke the AP test by March 1 of the year you intend to take the test.
B. Identify AP test(s) you intend to take	e. (See www.apstudent.collegeboard.org for available options)
C. The test will be administered in early	y May.
For Office Use Only: Application Approved	Application Denied
School Counselor's Signature	Date
CFHS Administrator's Signature	Date