

Demonstration of Mastery for Credit

Application Process

Please provide the requested information below. Upon submission, your application will be reviewed by the appropriate curriculum specialist. If you have questions regarding the status of your application, please contact the curriculum department at 336-8711. This form can also be accessed at: goo.gl/nrDXRC. The applications will be returned to the elementary office for current 5th grade students. For students in grades 6-11, applications are returned to the guidance office at your current site.

Student Information

Today's Date

Student Last Name

Student First Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

School Presently Attending

Current Grade

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Anticipated school for next year?

Please list the course for which you wish to attempt the assessment for credit. Please list the course name found in the appropriate course guide. (The current course catalog can be found on the Duluth Public Schools website.)

Please check all that apply:

This course is:

____ required credit for graduation from high school

____ elective credit for graduation from high school

Short Answers

What have you studied that has prepared you to successfully test out of the course?

How have you achieved this learning?

Assessments and Credits

I understand that the test-out assessment for this course will include written and may include a performance assessment. The student must successfully complete the written assessment prior to moving on to the performance assessment. The performance assessment may require that the student demonstrate skills, answer questions in an interview, exhibit a portfolio of tasks and/or be involved in some other type of performance assessment.

The successful completion of the assessment(s) will mean that the student will receive credit for the course, a grade of "P" and **no** GPA points.

In order to complete this application, the parent and student must verify the information by checking the box below:

_____ As a parent, I verify that I understand the assessment process and the credit equivalents and would like to continue with the assessments.

_____ As a student, I verify that I understand the assessment process and the credit equivalents and would like to continue with the assessments.

Parent/Guardian Information

Parent/Guardian Last Name

Parent/Guardian First Name

Street Address

City, State, and Zip Code

Best Contact Phone Number for Parent/Guardian

Best Email Contact for Parent/Guardian