

**Imbler School District 11**

Code: **IKH-AR**  
Revised/Reviewed: 2/01; 5/20/14  
Orig. Code(s): 7437

**Credit by Exam**

Name of Student \_\_\_\_\_ Graduation Year \_\_\_\_\_ Date \_\_\_\_\_

I am applying for waiver in the following course: \_\_\_\_\_

I feel that I am qualified to challenge the requirements because: \_\_\_\_\_

\_\_\_\_\_

The purpose of my challenge is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Name of Counselor

\_\_\_\_\_  
Recommendation

\_\_\_\_\_  
Signature of Counselor

This application is:  Approved  Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator

**Confirmation of Credit by Examination**

Date of Examination \_\_\_\_\_

The Examination Consisted of: \_\_\_\_\_

\_\_\_\_\_

which were successfully completed by the student according to school district regulations.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Clerk

(Completed form to be filed in student's cumulative folder.)