



**OFFICE USE ONLY**

Shipping Method: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Student 99# \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Student on-time for graduation after course completion:  Yes  No

Checked for PFS:  Yes  No

**MIGRANT STUDENT GRADUATION ENHANCEMENT PROGRAM  
 HIGH SCHOOL CREDIT BY EXAMINATION**



University of Texas at Austin  
 Migrant Student Program  
 P.O. Box 7700  
 Austin, TX 78713-7700



512-471-9250  
 800-444-1905 (toll free)  
 FAX: 512-232-5533  
 migrant@utk16.org

**STUDENT INFORMATION (Please print in ink.)** **STUDENT ACADEMIC HISTORY**

<b>Birthdate</b>	<b>Grade</b>	<b>Check one</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>NGS #</b>			
<b>Name:</b>			
Last	First	M.I.	Maiden
<b>Address:</b>			
Street		Apt. #	
City		State	ZIP
<b>Phone: (    )</b>			
Home Telephone			
<b>Texas District:</b>			
<b>Texas School:</b>		<b>School Phone: (    )</b>	

Please check Yes or No to answer each of the following questions.

1. Has the student been identified as "Priority for Services" for this school year?  Yes  No

2. Is the student on-time to graduate?  Yes  No

3. Has the student been retained within the last two years?  Yes  No

4. Does the student have credit deficiencies within the last two years?  Yes  No

5. Has the student failed one or more sections of the TAKS?  Yes  No

**ENROLLMENT INFORMATION: (Please print in ink.)**

<b>Course Name:</b> _____	<b>Course Name:</b> _____
<b>Course Name:</b> _____	<b>Course Name:</b> _____
<b>Course Name:</b> _____	<b>Course Name:</b> _____

Each student enrolling for high school credit will receive a test review outlining the scope of the test.

**EXAM LOCATION: (Please print in ink.)** **REGISTRATION APPROVED BY:**

**Indicate where you will take your examination.**

**Exam Supervisor:**

Name	Official Title
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**High School:**

**School or Shipping Address:** Street

City	State	ZIP
District	Region	

**Telephone Number: (    )**

**E-mail:**

**Name (please print):**

**Official Title:**

**High School:**

**School Address:** Street

City	State	ZIP
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In signing this application, I agree to abide by the policies governing Credit by Examination, and Continuing Education's K-16 Education Center, UT Austin. I understand that I can access a copy of the catalog with a full listing of policies and procedures at [www.utk16.org](http://www.utk16.org) or obtain one free by calling 1-800-444-1905 or 512-471-9250.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF STUDENT'S MIGRANT CERTIFICATE OF ELIGIBILITY.**