

**K-16 EDUCATION CENTER**

DIVISION OF CONTINUING EDUCATION

INDIVIDUAL PURCHASE OPTION

FORM ONLY TO BE SUBMITTED BY INDIVIDUALS (NOT FOR INSTITUTIONAL USE)

CREDIT BY EXAMINATION FORM / EXAMINATION FOR ACCELERATION

(EXAM MUST BE TAKEN WITHIN 60 DAYS OF ENROLLMENT.)

FOR OFFICE USE ONLY

Exam Form

Materials

PERSONAL INFORMATION (Please print in ink.)				PAYMENT																			
Social Security number*		Birthdate (mm-dd-yyyy)		Check one		<input type="checkbox"/> Money Order																	
Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Check #																			
Last		First		M.I.		Maiden																	
Address:		Street		Apt. #		Driver's License # State																	
City		State		ZIP		Please include student's Social Security number in memo on check. Please do not staple check to enrollment form. Make checks payable to The University of Texas at Austin.																	
Phone: () ()		Home Telephone		Business Telephone		<input type="checkbox"/> Credit Card																	
Email:						<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard																	
See our catalog or our website for a list of subjects offered.						<input type="checkbox"/> Discover <input type="checkbox"/> American Express																	
SUBJECT AND SEMESTER (if applicable)		CREDIT TYPE		Number		Exp. Date																	
REQUESTED: (For example, Eng 1 A or US Government)		Examination for Acceleration		Credit by Exam (prior instruction)		Print Cardholder's Name																	
		<input type="checkbox"/>		<input type="checkbox"/>		Cardholder's Signature																	
		<input type="checkbox"/>		<input type="checkbox"/>		<table border="1"> <thead> <tr> <th># of Exams</th> <th>Credits</th> <th>Cost</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>1/2 Credit</td> <td>\$30</td> <td>\$</td> </tr> <tr> <td></td> <td>1 Credit</td> <td>\$60</td> <td>\$</td> </tr> <tr> <td colspan="3">Total to be paid</td> <td>\$</td> </tr> </tbody> </table>		# of Exams	Credits	Cost	Total		1/2 Credit	\$30	\$		1 Credit	\$60	\$	Total to be paid			\$
# of Exams	Credits	Cost	Total																				
	1/2 Credit	\$30	\$																				
	1 Credit	\$60	\$																				
Total to be paid			\$																				
		<input type="checkbox"/>		<input type="checkbox"/>																			

TESTING LOCATION	TESTING APPROVAL (Please print in ink.)
<p>Indicate where you will take your examination. Check only one option.</p> <p><input type="checkbox"/> UT K-16 Education Testing Center (Located in Austin) H.S. students only.</p> <p><input type="checkbox"/> Your School (Complete supervisor information below.)</p> <p>Exam must be supervised by a counselor, registrar, principal, or superintendent. Any other supervisor must be approved by the UT K-16 Education Center testing supervisor and your school. Do not forget your photo ID when you arrive for testing.</p> <p>Exam to be supervised by:</p> <p>Name Title</p> <p>School Name</p> <p>School Address</p> <p>School Address City State ZIP</p> <p>City State ZIP</p> <p>School Phone Email</p> <p>School Phone Email</p>	<p><input type="checkbox"/> Home School (Fill in name and signature of parent or guardian)</p> <p><input type="checkbox"/> Public and private schools (Test scores will be sent directly to the school approving the registration.)</p> <p><input type="checkbox"/> UTHS</p> <p>Registration approved by:</p> <p>Name Title</p> <p>School Name</p> <p>School Address</p> <p>School Address City State ZIP</p> <p>City State ZIP</p> <p>School Phone Email</p> <p>School Phone Email</p> <p>Signature Date</p>

STUDENT SIGNATURE	
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 or obtain one free by calling 1-888-232-4723 or (512) 232-5000.	<p>Parent's Signature Date (Required unless student is over 17 years of age or enrolled in the UT High School)</p> <p>Applicant's Signature Date</p>

INSTRUCTIONS



To register by mail:
K-16 Education Center
P.O. Box 7700
Austin, TX 78713-7700



To register by fax:
512-475-7933



For more information:
www.utk16.org/k16/credit



For more information, call:
1-888-232-4723
or 512-232-5000

*SSN DISCLOSURE

* Disclosure of your Social Security number ("SSN") is requested for the student records system of The University of Texas at Austin (the "University") and for compliance with Federal and State reporting requirements. Federal law requires that you provide your SSN if you are applying for financial aid. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by law. The privacy and confidentiality of student records is protected by law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law.

INDIVIDUAL PURCHASE OPTION

FORM ONLY TO BE SUBMITTED BY INDIVIDUALS (NOT FOR INSTITUTIONAL USE)