

REQUEST FOR TAKING AN EXCET EXAM
Fill out a request form for each exam to be taken.

Name of Teacher making request: _____

Current assignment with the District: _____

Name and number of EXCET test to be taken:

Cost of Exam: _____

Why are you taking the exam? _____

Would being certified in the area allow for greater flexibility of scheduling and/or give students additional opportunities for courses?

Yes _____ No _____

Is this exam necessary for your position to be Highly Qualified?

Yes _____ No _____

Date of Test: _____

Location of Test: _____

Approval of Campus Principal: This exam is necessary for the teacher to meet Highly Qualified status for their position or would allow greater flexibility of scheduling and/or give students additional opportunities for courses.

Signature of Principal: _____

Date of Approval: _____

Approval of Superintendent: _____

Date of Approval: _____

Funding code to be added by Mollie Walker:
