Exam Remediation Independent Study Form

You must complete this document for <u>each exam</u> you are requesting to retake, after your ***2nd attempt****. If you are requesting permission to retake more than one section of the EC-6 Core Subjects exam, you must complete the required remediation hours for each section. <u>You cannot reuse remediation activities from previous or earlier requests</u>.*

Name: _____

Tarleton Email Address: _____

Certification Exam: _____

Exam Score: _____ and this is my _____ (3rd, 4th, 5th) attempt

Date	Total Time	Description of Remediation Activity	Exam Domain Addressed

Total Hours: _____

By signing below and submitting this document, I affirm that I completed the activities listed in the chart above. I also understand that providing incorrect information is a violation of professional ethics for which I may be removed from the Teacher Education Program.

Signature _____ Date _____