

UTICA COMMUNITY SCHOOL DISTRICT

2017-2018

Waiving a Course through Testing Out Authorization and Notification Form

Please Print

Name _____ Male/Female (circle)
Last First

Address _____
Street City/Zip

Telephone _____ Graduation Year _____ Student I.D. # _____

School Attending _____

Student Signature Parent Signature

Course Information

Course Name _____ Course Number _____

Reason for Testing Out _____

Please check the following items to indicate you are aware of these provisions:


- I have not attempted to test out of this course before.
- I am aware that I must earn an 80% to pass this test.
- I am aware that there are no retakes.
- I understand that, if I pass the test, I will receive credit instead of a letter grade.

<u>Signatures</u>	
1. Counselor	
<input type="checkbox"/> Discussed request with student	
_____ Signature	_____ Date
2. Building Administrator	
<input type="checkbox"/> Aware of request	
_____ Signature	_____ Date

Deadline to sign up for Testing out	Testing Available After School	I.D. Required
November 3, 2017	Week of November 13, 2017	√
December 22, 2017	Week of January 8, 2018	√
March 23, 2018	Week of April 16, 2018	√

For office use only.

Test score (in percent) _____

 **Testing out sessions will be available two days during the scheduled week. (See below)**
Please contact the counseling department for further information.

Eisenhower: Monday and Wednesday
Stevenson: Monday and Thursday

Henry Ford II: Tuesday and Thursday
Utica High: Monday and Wednesday