2017-2018

UTICA COMMUNITY SCHOOL DISTRICT
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.

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	√

Signatures

1. **Counselor**
☐ Discussed request with student

_____ _____
Signature Date

2. **Building Administrator**
☐ Aware of request

_____ _____
Signature Date

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