

**UTICA COMMUNITY SCHOOL DISTRICT**  
**Waiving a Course through Testing Out**  
**Authorization and Notification Form**

2016-2017

**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.

<b>Deadline to sign up for Testing out</b>	<b>Testing Available After School</b>	<b>I.D. Required</b>
November 4, 2016	Week of November 14 2016	√
December 22, 2016	Week of January 9, 2017	√
March 24, 2017	Week of April 17, 2017	√

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

<i>For office use only.</i>
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