UTICA COMMUNITY SCHOOL DISTRICT

2016-2017

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 am not currently enrolled in this course

☐ 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.

Signatures

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

_____ _____
Signature Date

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

_____ _____
Signature Date

Test Location	Date of Testing	I.D. Required
Walsh	08/03/2017	√

➡ **Return to Counselor**
Counselors – Please send to Kim Charland at the ASC or fax the information to 1071.

For office use only.

Test score (in percent) _____