UTICA COMMUNITY SCHOOL DISTRICT

2018-2019

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.

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