2020-2021

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

Please Print

Name _____
Last First

Address _____
Street City/Zip

Telephone _____Graduation Year _____ Student I.D. #_____

School Attending _____

_____ _____
Student Signature Parent Signature

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) _____

➡ **Please contact the counseling department to arrange a time and location for testing.**