

# UCS: Waiving a Course through Testing Out Authorization and Notification Form

2011-  
2012

Please Print

Name \_\_\_\_\_ Male/Female (circle)  
Last First

Address \_\_\_\_\_  
Street City/Zip

Telephone \_\_\_\_\_ Graduation Year \_\_\_\_\_

Student ID# \_\_\_\_\_ Home High School: Eisenhower Ford II Stevenson Utica  
(Circle one)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

## Course Information

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_

Date of Test \_\_\_\_\_ Location : Eisenhower Ford II  
(Circle one)

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.

### Return to Building Principal

Principals – Please send to Joyce Arbaugh at the IRC or Fax the information to 6801.

For office use only

Test score (in percent) \_\_\_\_\_

### Signatures

#### 1. Counselor

Discussed request with student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### 2. Building Administrator

Aware of request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date