UTICA COMMUNITY SCHOOL DISTRICT

2023-2024

Waiving a Course through Testing Out Authorization and Notification Form

<u> </u>				
Name		Graduation Year		
Last	Fi	irst		
Address	N	0:1./7:		
Street		City/Zip		
School Attending		Grade Leve	el	
Request to test out of	the following course: _			
Reason for Testing Ou	ıt:			
☐ I know the content we	ell enough to earn credit v	vithout taking the course.		
☐ I attempted the cours	e and failed to earn credi	t.		
Please check the follo	wing items to indicate y	ou are aware of these prov	visions:	
☐ I have not attempted	to test out of this course I	oefore.		
□ I am aware that I mus	st earn a 77% to pass this	s test.		
□ I am aware that there	are no retakes.			
□ I understand that, if I	pass the test, I will receiv	e credit instead of a letter gr	ade.	
Signatures				
☐ Discussed request wi	th student			
Counselor Signature	Date	Building Administrator Signa	ature Date	
	signatures below indicate out of a course for gradu	agreement to the provisions ation requirements.	and understand the	
Student Signature	Date	Parent Signature	Date	
—) Places contact the	Counceling Departmen	at to arrange a time and les	eation for testing	
,	m Charland via email (kim	nt to arrange a time and loc n.charland@uticak12.org)	auon for testing.	
		ce use only.		
	Test score (in percent)			