

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

2021-2022

Please Print

Name _____ Graduation Year _____
Last First

Address _____
Street City/Zip

School Attending _____ Grade Level: _____

Request to test out of the following course: _____

Reason for Testing Out:

- I know the content well enough to earn credit without taking the course.
- I attempted the course and failed to earn credit.

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 score a minimum of 77% to earn credit.
- 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

Counselor _____ Building Administrator _____

Discussed request with student Aware of request

Counselor Signature Date Building Administrator Signature Date

Parent and student signatures below, indicate agreement to the provisions and understand the requirements for testing out of a course for graduation requirements.

Student Signature Date Parent Signature Date

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

Send request form to Kim Charland via email (kim.charland@uticak12.org)

For office use only

Test score (in percent) _____