UTICA COMMUNITY SCHOOLS
Waiving a Course through Testing Out
Summer Authorization and Notification Form
Please Print Clearly

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 taken this course
☐ I am not currently enrolled in this course
☐ 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

Test Location | Date of Testing | Testing Time | I.D. Required | Check the date for testing
---|---|---|---|---
UCS Alternative Learning Center | 08/05/2019 | Noon - 3:00 pm | √ | 
UCS Alternative Learning Center | 08/06/2019 | 9:00 am - Noon | √ | 

Return form to: Kim Charland
Kim.charland@UticaK12.org
or fax to 586-797-1071

For office use only.
Test score (in percent) ________________

Form 11