UTICA COMMUNITY SCHOOLS

2018-2019

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