2024-2025

UTICA COMMUNITY SCHOOL DISTRICT

Waiving a Course through Testing Out Authorization and Notification Form

Please	Print
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Name				Graduation Year		
	Last		Fi	rst		
Addre	essStre	et		City/Zip		
Schoo	ol Attending		Grade	Level:		
Requ	lest to test out of the fo	ollowing cours	e:			
Reas	on for Testing Out:					
\square I know the content well enough to earn credit without taking the course.						
□ I at	tempted the course and fa	iled to earn cred	it.			
Pleas	se check the following	items to indica	ate you are av	vare of these provisions:		
☐ I have met with my counselor to plan for testing out of this course.						
□Iha	ave not attempted to test o	ut of this course	before.			
□ I ar	m aware that I must score	a minimum of 77	% to earn credit			
□ I ar	m aware that there are no i	etakes.				
□ I ur	nderstand that, if I pass the	test, I will receiv	e credit instead	of a letter grade.		
	rent and student signatures sting out of a course for gra			ne provisions and understand	I the requirements	
	Student Signature	Date	_	Parent Signature	Date	
Send	request form to Kim Charl	and via email (kiı	m.charland@utio	cak12.org)		
	Test score (in percent) _		office use only			