

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

2025-2026

**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 met with my counselor to plan for testing out of this course.

☐ 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.

☐ 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

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

*For office use only*

Test score (in percent) \_\_\_\_\_