



Testing Out Request Application Form

Student Name _____ Student No. _____

Telephone (Home) _____ (Work) _____

Parent Email _____

Current School Building _____ Current Grade _____

High School _____ Counselor _____

Course Name/Number	Results	Notification Sent
	/ /	/ /
Credit Recovery	Yes _____	No _____
Advancement	Yes _____	No _____

We understand that by registering for “testing out” of the above course, a commitment is made by the student to complete the specified course assessment requirements as outlined. Course curriculum maps are found at: http://www.farmington.k12.mi.us/curriculum/maps_hs.php

Students may only “test out” of a particular course one time per school year.

We understand that once “testing out” of the course designation is achieved, the student may not take or test out of a lower course in this course sequence.

Please Note: If a student “tests out” of a course, schools will make every effort to accommodate schedule changes. If classes are full, however, students may have to wait for the next available term for enrollment.

Student Signature

Date

Parent/Guardian Signature

Date

Counselor Signature

Date

File original with counselor. Copies to school administration, department chair, student, and assessment department.