

Wayne-Westland Community Schools
John Glenn High School
Testing Out Application (January 6-10, 2020)

Student Name _____ Grade _____

Address _____ Phone _____

City _____ Zip Code _____

Course Name _____ Course Number _____ Circle Semester 1 2

Counselor Approval/Signature _____ Special Ed Case Manager _____

- Credit is earned contingent upon the demonstration of successful mastery of the required course content expectations for the Michigan Merit Curriculum or course outcomes determined for that class. Credit is earned if the student receives a C+ or better (78%) on the testing out instrument administered.
- Credit is recorded as a passing grade with the letter G on the transcript and the credit is not utilized in the computation of grade point average (GPA).
- Students will be given a copy of the course syllabus, additional required resources and books. There will be a \$10 deposit per course for materials. **Materials must be returned on or before the day of testing.**
- Once a student earns testing out credit for a course, the student may not receive testing out credit for a course lower in course sequence concerning the same subject area.
- If the student is testing out for credit recovery and is successful, credit will be awarded. The original failing grade will remain on the transcript and will be included in the computation of GPA.
- Students and parents are responsible for verifying the effect that testing out credit may have on the students' admission to college..
- The windows for testing out **January 6-10, 2020.**
- **Students must bring photo ID on the day of the test.**

Please indicate previously approved testing accommodation(s) _____

Student Signature _____ Date _____

I am in agreement with my son/daughter testing out of this course.

Parent/Guardian Signature _____ Date _____

Return this form to the **main office with your deposit** by: **Monday, December 9, 2019**

All pre-assessments are due to the Assistant Principal or Bookkeeper by: **Monday, December 16, 2019**

Date Received _____ Signature _____

Please bring \$10 Per Class to the main office to pick up materials with this application completed

Office Use Only:

Signature of Test Administrator _____

Signature of Testing Out Grader _____

Test Results: Test Grade _____ Credit _____ No Credit _____

Signature of School Representative _____ Date _____

4 Copies (Student, Principal, CA 60, Data Services)