

FRUITPORT HIGH SCHOOL

Request To Test Out of a Course - Due May 1st*

Name _____

Student Phone _____

Current Grade _____ Counselor _____

Parent/Guardian Name _____

Parent/Guardian Phone _____

I am requesting to test out of: _____

I am requesting to demonstrate mastery of the content in the above listed course. I understand that the assessment may include an examination and / or a written assessment, presentation, project, portfolio or other means for assessing proficiency.

Further, I understand that I must earn a C+ (77%) or higher on any assessment in order to be granted credit and that I will receive a "CR" (credit) on my transcript which will count toward my credit total but will not be included in my GPA.

I understand that it is my responsibility to contact Mrs. Chesney (231-865-3101 ~ Ext: 2032) no later than the second week of August to set up my assessment date.

Student Signature Date

Parent/Guardian Signature Date

**Please return this form to your counselor by May 1.*