WYOMING
HIGH SCHOOL
Home of the Wolves

Josh Baumbach
Principal
baumbaj@wyomingps.org

Test-Out Application

Student Name:		Student ID:	Grade:
Parent/Guardian Name:		Phone:	
Course Title:	Course Code:	Department:	
Have you previously attempted to test out of this course? ☐ Yes ☐ No			
Provide a brief explanation of why you wish to test out of this course, including prior knowledge or experience.			
Eligibility Confirmation (Check all that apply) ☐ I am submitting this application by May 15 of the current school year ☐ I understand that testing will be conducted in the summer, before school starts ☐ I understand that I may only attempt to test out of a specific course one time ☐ I understand that a minimum score of 80% or higher is required to pass ☐ I understand some courses may require additional assessments (projects, essays, etc) ☐ I understand that credit will be recorded as “Test-Out Credit” (CR) and will not impact my GPA ☐ I understand that NCAA eligibility may be affected and I have consulted my counselor			
Student Signature:			
Parent/Guardian Signature:			
Counselor Signature:			
Office Use Only			
Date Received:	Testing Date:	Proctor:	
Result: Pass/Fail Score: %	Additional Assessment Completed: ☐ Yes ☐ No	Credit Awarded ☐ Yes ☐ No	