

**TROUP COUNTY SCHOOL SYSTEM
Testing Out Request for EOCT**

To Be Completed by Student:

Student Name _____ Student's ID _____

School _____ Grade _____

Course Requesting to Test-Out _____

Recommending Teacher Name _____

Student Signature _____

Parent/Guardian Signature authorizing student to test-out (if student is less than 18):

FOR OFFICE USE ONLY

To Be Completed by Counselor:

Student was previously enrolled in course? Yes No

Prerequisite Course: _____ Final Grade of B or higher Yes No

Teacher Recommendation: Yes No

Parent/Guardian Permission (if student is less than 18) Yes No

Test Fee Collected? Yes No

Test Coordinator Notified? Yes No

March Administration Deadlines	June Administration Deadlines
<ul style="list-style-type: none"> • Request form turned in to counselor by 2nd Friday in February 	<ul style="list-style-type: none"> • Request form turned in to counselor by 2nd Friday in May
<ul style="list-style-type: none"> • Student and Parent notified by 3rd Friday in February 	<ul style="list-style-type: none"> • Student and Parent notified by 3rd Friday in May
<ul style="list-style-type: none"> • Payment collected by last Friday in February • Test Administration – March mid-month 	<ul style="list-style-type: none"> • Payment collected by last Friday in May • Test Administration - Summer