California Baptist University

University Tutoring Center

**TEST CONTRACT**

The University Tutoring Center is located in Lancer Arms, #54 on 2nd floor.

To reach the University Tutoring Center’s Front Desk call (951) 343-4349

**INSTRUCTIONS:**

1. Student completes the “Student Section” of this form.
2. Student presents this form to the instructor for the appropriate information and signature.
3. Professor or department secretary must return this form along with the exam to the UTC.
4. Student must contact the UTC to schedule an appointment **at least 24 hours in advance.**

All appointments are subject to availability.

1. Arrive on time and be prepared for the testing appointment with a **CBU ID**.
2. Student pays **$5.00** **make-up exam fee**, or present authorized documentation for fee waiver.

Fee can ONLY be paid in cash or a check.

1. Cell phone and all other electronic devices must be placed in backpacks and on the bookshelf outside of the testing room or with the front desk until the exam is completed. **Cell phones are not allowed in testing room.**

**STUDENT SECTION: To Be Completed by the Student**

Name: ID Number: Phone:

Course Code: ❑ **Trad ❑ OPS**

Reason for taking this test:

I have not discussed the test content with anyone who has taken it, nor have I received information from any other source regarding this test. I understand that FAILURE TO TAKE THIS TEST MAY RESULT IN FORFEITURE OF PERMISSION TO TAKE THE TEST. The test fee is charged in accordance with the University Catalog. Exceptions to the fee include required participation in University events. Other waivers will only be granted by the University Tutoring Center Coordinator. **Fee is non-refundable.**

Student Signature Date

**FACULTY SECTION: To Be Completed by the Faculty**

Faculty Name (print): Extension: Department:

Faculty Email:

Exam Length: hour(s) minutes Last Date this test can be taken: Test #

***Check all that apply***:

|  |  |
| --- | --- |
| * Blue Book
 | * Open note: allow\_\_\_\_page(s) of notes
 |
| * Calculator
 | * Scantron
 |
| * Computer Requested
 | * Use pen only
 |
| * Computer program needed \_\_\_\_\_\_\_\_\_\_\_\_
 | * Use pencil only
 |
| * Open book
 | * Other:
 |

**The abovementioned student has permission to take the test in the UTC: Faculty Signature Date**

**Professor would like:**

* **Completed Exam Emailed**
* **Pick Up Completed Exam**

**UNIVERISTY TUTORING CENTER SECTION: To Be Completed by the U.T.C.**

Test will be taken***: M T W R F S*** @ : **AM/PM** Sign In Sign Out .

Payment: Check # Cash Waived

Test started : **AM PM** ⇨ Test Proctor Test finished : **AM PM** ⇨ Test Proctor .

 ❑Exam picked up by professor or department secretary on: / / by:

**Or**

 ❑Exam emailed to: on: / / by: