

California Baptist University
Academic Resource Center
TEST CONTRACT

The Academic Resource Center (ARC) is located in the James Building, Rm. 121
To reach the ARC Help Desk call (951) 343-4349 or for Programs and Services call (951) 343-4795

INSTRUCTIONS:

1. Student completes the "Student Section" of this form.
2. Student presents this form to the instructor for the appropriate information and a signature.
3. Professor or department secretary must return this form along with the exam to the ARC.
4. Student must schedule a test date and time. All appointments are subject to availability.
5. Student pays the appropriate **fee** or presents documentation for a fee waiver.
6. Arrive on time and be prepared for the testing appointment.

STUDENT SECTION: To Be Completed by the Student

Name: _____ ID Number: _____ Phone: _____

Course Title and Number: _____ **DO YOU REQUIRE DSS ACCOMMODATIONS?** Yes ___ No ___

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 AS SCHEDULED 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 ARC Coordinator. **Fee is non-refundable.**

Student Signature

Date

FACULTY SECTION: To Be Completed by the Faculty

Important: For Disability accommodations **DO NOT** extend the testing time: The ARC will make the required adjustments based on DSS documentation.

Faculty Name (print): _____ Extension: _____ Department: _____

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

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Audio tape player necessary | <input type="checkbox"/> Open note: allow _____page(s) of notes |
| <input type="checkbox"/> Blue Book required: checked by: _____ | <input type="checkbox"/> Scantron required |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Tutorial assistance acceptable |
| <input type="checkbox"/> Computer requested | <input type="checkbox"/> Use pen only |
| <input type="checkbox"/> Computer program needed _____ | <input type="checkbox"/> Use pencil only |
| <input type="checkbox"/> Open book | <input type="checkbox"/> Other: _____ |

The abovementioned student has permission to take this test in the ARC: _____

Faculty Signature

Date

ARC SECTION: To Be Completed by the ARC

Test will be taken: *M T W R F S* _____ @ _____: _____ **AM / PM**

Payment: Check # _____ Cash _____ Waived _____ Does the student require DSS Accommodation? (initial) Yes _____ No _____

Test started _____: _____ **AM PM** → Test Proctor _____ Test finished _____: _____ **AM PM** → Test Proctor _____

Exam picked up by professor or department secretary on: _____ / _____ / _____ Name: _____

or

Exam delivered to professor's office on: _____ / _____ / _____ by: _____