California Baptist University **Academic Success Center**

TEST CONTRACT

The Academic Resource Center (ASC) is located in the Lancer Arms 54 To reach the ARC Help Desk call (951) 343-4349

INSTRUCTIONS:

- Student completes the "Student Section" of this form.

 Student presents this form to the instructor for the appropriate information and a signature.

 Professor or department secretary must return this form along with the exam to the ARC. 2.
- **3.**
- Student must contact the ASC to schedule an appointment at least 24 hours in advance. All appointments are subject to availability.
- Arrive on time and be prepared for the testing appointment. 5.
- Student pays **make-up exam fee**, or presents authorized documentation for a fee waiver.

STUDENT SECTION: To Be Completed by the Student	
	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:	
•	•
	es Last date this test can be taken: Test #
Check all that apply: Audio tape player necessary Blue Book required: checked by: Calculator Computer requested Computer program needed Open book	Tutorial assistance acceptableUse pen only
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:	