California Baptist University
Academic Resources Center

TEST CONTRACT

The Academic Resources Center (ARC) is located in the James Building, Rm. 166
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: __________ Original Test Date: __________

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:

☐ Audio tape player necessary
☐ Blue Book required: checked by: _______
☐ Calculator
☐ Computer requested
☐ Computer program needed __________
☐ Open book

☐ Open note: allow ______ page(s) of notes
☐ Scantron required
☐ Tutorial assistance acceptable
☐ Use pen only
☐ Use pencil only
☐ 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 was taken: M T W R F __________ @ ______ 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: _______