**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:**  
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 contact the ASC to schedule an appointment **at least 24 hours in advance**.  
   All appointments are subject to availability.  
5. Arrive on time and be prepared for the testing appointment.  
6. Student pays **make-up exam fee**, or presents authorized documentation for a fee waiver.

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

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>ID Number: __________________</th>
<th>Phone: ____________________</th>
</tr>
</thead>
</table>

**DO YOU REQUIRE DSS ACCOMMODATIONS?**  
- [ ] 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 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 ____________________________

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**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.

<table>
<thead>
<tr>
<th>Faculty Name (print): ______________________________</th>
<th>Extension: ___________</th>
<th>Department: ______________</th>
</tr>
</thead>
</table>

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 ____________________________

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**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____

- [ ] Exam picked up by professor or department secretary on: ____ / ____ / ____  
Name: ____________________________

or

- [ ] Exam delivered to professor’s office on: ____ / ____ / ____ by: ____________________________

Test started ____:____ AM PM → Test Proctor_____  
Test finished ____:____ AM PM → Test Proctor_____