

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.
5. Arrive on time and be prepared for the testing appointment with a **CBU ID**.
6. 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.
7. Cell phone and all other electronic devices must be placed in backpacks or with the front desk until the exam is completed.

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:

- | | |
|--|--|
| <input type="checkbox"/> Blue Book | <input type="checkbox"/> Open note: allow _____ page(s) of notes |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Scantron |
| <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 the test in the UTC: _____ Faculty Signature Date

Professor would like:

- Completed Exam Emailed Pick Up Completed Exam

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

Test will be taken: **MTWRF 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: _____