Testing Department
College Placement Testing Contract

I understand that the Accuplacer – [State Alternative exam] is for all first time students pursuing a degree or Level II certificate who have not taken the THEA or other state approved alternative exam prior to registration. I understand that if I am going into a Workforce Level I certificate program, I do not have to test.

I understand that there is a $29.00 exam fee which must be paid before a reservation is made. If I am late for my appointment time or miss the appointment, I understand that I will forfeit the $29.00.

I understand that all first-time CBC students must complete a mandatory 4-hour preparation program before being allowed to take the Accuplacer exam. For more information about the TSI DEP policy- go to the following URL: http://www.coastalbend.edu/lac/hsi_dep.htm

I am aware that I must have current picture identification and social security card with me when I come in for testing.

I am aware that there is a one-month (30 day) waiting period before I may retest with the Accuplacer exam.

I will report to the test center at least 30 minutes before test time.

I understand that seven working days are required for re-scheduling.

I understand that special test accommodations require documentation and two weeks’ notice.

I am aware that if I do not score at college level, I will be required to take developmental courses.

<table>
<thead>
<tr>
<th>Section</th>
<th>Score(s) needed to place at College Level</th>
<th>Course Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Comprehension</td>
<td>Essay score of 6+ and Reading Comprehension score of 78+</td>
<td>College Level</td>
</tr>
<tr>
<td>Writing</td>
<td>Essay score of 5 and Sentence Skills score of 80+ and Reading Comprehension score of 78+</td>
<td>College Level</td>
</tr>
<tr>
<td>Math</td>
<td>63+ in the College Level Math Module</td>
<td>College Level</td>
</tr>
</tbody>
</table>

I also understand that there are online resources available from the CBC website. I acknowledge that I have been encouraged to review them in an effort to help me avoid remediation. The web site follows: http://www.coastalbend.edu/testingtips/

By signing, I agree to abide by the above policies.

Examinee’s testing reminder:

Test Date: ____________________
Check-in Time: ________________
Date exam scheduled: ____________

Printed Name of Examinee

Social Security Number of Examinee

Phone Number

Signature of Examinee

Date