



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/tsi\_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 with 3 columns: Section, Score(s) needed to place at College Level, Course Placement. Rows include Reading Comprehension, Writing, and Math.

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/

Examinee's testing reminder: Test Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_ Date exam scheduled: \_\_\_\_\_

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

Printed Name of Examinee

Social Security Number of Examinee

Phone Number

Signature of Examinee

Date