



SOUTHWESTERN UNIVERSITY

Center for Academic Success

Testing Agreement

You have been approved for an accommodation that allows you to test in either a private or reduced distraction setting within the Center for Academic Success (CAS). By signing this agreement, you agree to uphold the Academic Integrity policy; Honor Code statement of Southwestern University. Please initial next to each statement and sign at the bottom of the page.

Student Full Name: _____

Student Cell Phone: _____

1. _____ I understand that the accommodation of reduced distraction does not come with the guarantee of a private testing room.
2. _____ I must request to test at least two business days prior to the exam. If I do not, I may not be able to test on the requested day and will need instructor approval.
3. _____ I understand that I may utilize my testing accommodations in the classroom with prior instructor approval.
4. _____ I understand that my exam will be given within the parameters of my instructor's Alternative Testing Agreement. I understand that discussing alternative testing times with my instructor is my responsibility. I understand that changes to my testing date and time must have instructor approval.
5. _____ I understand that I may use only materials that my instructor has specifically indicated on their alternative testing agreement, or by email to the center's staff. I understand that exams will be proctored in accordance with the information provided by the instructor.
6. _____ I understand that water, food, and medications are only allowed in the testing rooms with CAS staff approval.
7. _____ I understand that no personal belongings are allowed in the testing room. This includes coats, bags, purses, cell phones, smart watches, headphones, and other electronic devices. I understand that my personal belongings will be secured by the CAS staff.
8. _____ I agree to abide by Southwestern's Honor Code. Suspicion of cheating or assisting in cheating will be addressed and thoroughly investigated. ALL suspicious activity will be reported to the instructor. If I am suspected of academic dishonesty, I understand that I may revoke my testing privileges and have my name submitted to the dean of students.
9. _____ I understand that for student safety all testing rooms are under video surveillance and actively monitored by the CAS staff.
10. _____ I understand that if I do not arrive for my scheduled exam, I will need permission from my instructor to make up the exam. I understand that the testing staff will only keep the official testing time, based on my approved accommodations. If I am late for an exam, I may lose that testing time.

Student Signature

Date

Associate Director CAS Signature

Date