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## TEST CONTRACT

EMAIL: drc@fiu.edu PHONE (MMC): 305-348-3532 (BBC) 305-919-5345

Name: \_\_\_\_\_ Panther ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Testing Agreement:

*Please initial each item below:*

- \_\_\_\_\_ (1) I will advise my professor in advance that I will be using test accommodations from the DRC. If I cannot keep my appointment, I will contact the professor and the Disability Resource Center to reschedule.
- \_\_\_\_\_ (2) I will submit the Exam Proctor Form(s) to schedule exams at least **5 business days before the exam** date being requested.
- \_\_\_\_\_ (3) I agree to the specific dates and times that my professor allows for exams. The DRC will try to schedule exams at the same time as the rest of the class. However, exam dates and times requested by the professor(s) are dependent on the department's office hours
- \_\_\_\_\_ (4) I understand that I will not be able to use phones, smartwatches, books, notes, calculators, or any other items or electronic devices unless otherwise specified by the professor on the Exam Proctor Form.
- \_\_\_\_\_ (5) I acknowledge that the testing room will be under video surveillance, and any activity that is not permitted may be recorded and shown to the professor.
- \_\_\_\_\_ (6) I will comply with the testing protocol on my test day. All personal items will be placed inside one of the lockers, cellphones will be put away, and all outerwear will be removed upon entering the testing room.
- \_\_\_\_\_ (7) My test time is not for phone calls, socializing, studying, or campus errands. I understand that if I leave the test area once the exam has begun, my exam must be returned to the professor, and further action will be taken.
- \_\_\_\_\_ (8) I understand that there may be more than one student in the testing room. My Exam Proctor's job is to maintain test security and ensure academic integrity. The Exam Proctor's job is not to assist with interpreting test questions, defining words, or solving problems.
- \_\_\_\_\_ (9) I understand that if I need to request to reschedule an exam due to a disability-related reason, it is my responsibility to contact my professor via email and include the DRC. Additionally, I understand that the process for making up the missed exam is at the discretion of the professor and class format.

**If issues/concerns arise, I will notify the Proctor immediately and not wait until upon completion of the exam.**

I have read and agree with the testing conditions and DRC procedures noted above.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_