Test Contract Page
Weber State University Testing Services

Please fill out this form and return it to the Testing Center where you are requesting testing services. For questions or concerns please visit us at www.weber.edu/testing

Test Information

Course and Test Name: (e.g. Math 1080 Exam 3) ____________________________________________
Instructor’s Name: ________________ _______ Section Number(s): __________________________
Number of Tests Being Submitted: _______
Beginning Date: __M__/__D__/__Y__ Ending Date: __M__/__D__/__Y__
Test Type: (Please Circle One) Scantron / Paper / Supplemental Sheets
Time Limit: Yes / No Time Allowed: Hours ______ Minutes ______

Special Instructions
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Number of Tests at other Centers:
Student Services ____ Social Science ____ Science Learning ____ Davis ____ West ____

Testing Aids: (Please Check)

<table>
<thead>
<tr>
<th>Materials</th>
<th>Dictionary: Paper</th>
<th>Calculator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>€ Scratch Paper</td>
<td>€ English Dictionary</td>
<td>€ Four Function Calculator</td>
</tr>
<tr>
<td>€ Open Book</td>
<td>€ Foreign Dictionary</td>
<td>€ Scientific Calculator</td>
</tr>
<tr>
<td>€ Ruler</td>
<td></td>
<td>€ Financial Calculator</td>
</tr>
<tr>
<td>€ Note Card: ___ Size</td>
<td>Restroom break:</td>
<td>€ Graphing Calculator</td>
</tr>
<tr>
<td>€ Notes: ___ Pages</td>
<td>€ One Restroom Break</td>
<td>€ Other: (Please Specify)</td>
</tr>
<tr>
<td></td>
<td>*Please note that by allowing a</td>
<td></td>
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<tr>
<td></td>
<td>restroom break, the instructor</td>
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<tr>
<td></td>
<td>waives test security. The Testing</td>
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<tr>
<td></td>
<td>Center will retain ALL tests and</td>
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<td>materials, during this time.</td>
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</table>

***Testing Center Use Only***

Date Received: __M__/__D__/__Y__ Confirmation Number: _________________
Receiver’s Name: __________________________ Entered in Chi by: _________________
Official Exam Parameters Modification:
____________________________________________________________________________________
____________________________________________________________________________________
Modified By: __________________________ Date: __M__/__D__/__Y__
Official Exam Parameters Modification:
____________________________________________________________________________________
____________________________________________________________________________________
Modified By: __________________________ Date: __M__/__D__/__Y__
Communication

Between Testing Staff and the Instructor only

Preferred form of Communication:

€ Office: ________________
€ Home: ________________
€ Cell: ________________
€ Email: ________________
€ Other: ________________

Reports and Scoring

Student Feedback:

€ No Feedback
€ Score and Percent
  o Immediately
  o After Test Run
€ Questions Missed
  o Immediately
  o After Test Run
€ Correct Answers
  o Immediately
  o After Test Run

Scoring options:

Unless indicated below each question and question weight will be equal to 1 point
(e.g. a 50 question test will be worth 50 points)

<table>
<thead>
<tr>
<th>Number of Questions:</th>
<th>Item Weight:</th>
<th>Maximum Score:</th>
</tr>
</thead>
</table>

Question Weights and Bonus Questions

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Item Weight</th>
<th>Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>to</td>
<td></td>
<td>Yes / No</td>
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<tr>
<td>to</td>
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<td>Yes / No</td>
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<td>to</td>
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<td>to</td>
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<td>Yes / No</td>
</tr>
</tbody>
</table>

Authorized Individuals who can pick up finished exams: (Valid I.D. Required)

Name: ____________________________  Name: ____________________________
Name: ____________________________  Name: ____________________________
Name: ____________________________  Name: ____________________________

Tests Picked Up: _______ to _______  Date: ______ M / ______ D / ______ Y  Initials: _______ T Initials: _______
Tests Picked Up: _______ to _______  Date: ______ M / ______ D / ______ Y  Initials: _______ T Initials: _______