

Exam Agreement – Adult Students

This form is to be completed by the student and submitted to the DLC instructor when the first exam is requested.

Student Name _____

Course Name _____

Email _____

Phone Number _____

Please read and initial each statement, sign and date below, and return this form to the teacher.

____ I have read and agree to abide by the conditions specified in the *Exam Guidelines for Adult Students*.

____ I agree to follow all course-specific exam expectations as specified in the *Exam Guidelines for Adult Students*.

____ I agree to follow all instructions included in the teacher's email or and/on the exam cover page

____ I agree that I will not receive any help from another person during the writing of any exam. If I require accommodations, I will discuss with the teacher in advance.

____ I understand that unsupervised exams may not be counted, for reasons specified in the *Exam Guidelines for Adult Students*.

____ I understand that the teacher may require, at his or her discretion, that any chapter or unit exam be written or rewritten under the supervision of a proctor.

Signature _____

Date _____