Coastal Bend College’s Texas Success Initiative (TSI) Developmental Education Plan (DEP) for Accuplacer Examinees

All first-time college students enrolling in an academic or workforce program at Coastal Bend College will be required to complete a four-hour pre-test preparation session in the areas of English, Math, Reading, and Test-Taking Skills prior to taking the Accuplacer – College Placement Exam. See the following site for more detailed information: http://www.coastalbend.edu/tsidepis/

You may complete the entire four hours of preparation online using the PLATO program from any computer that has internet access. If you need to take a certain area or areas of the Accuplacer because of TAKS, THEA, or other Accuplacer scores, then you need to show the testing personnel proof of your previous exam scores. There is no fee for the preparation session. Additional review information: http://www.coastalbend.edu/pre-accuplacerreviewpresentations/

The fee for the Accuplacer exam is $29.00. After you complete the preparation session you will print a report. You will bring the printed report with you when you come in to take the Accuplacer exam. If you do not have a printed report showing that you’ve completed the mandated 4 hours of preparation, you will not be allowed to take the Accuplacer exam.

I understand that I am not allowed to bring any electronic device (cell phone, mp3 player, camera, et… into the testing room. I will leave my personal items in my vehicle, with a friend, or will turn the items in to the testing personnel when I sign-in for the exam – before entering the exam room. The personal items will be collected and stored at the owner’s risk. Coastal Bend College will not be responsible for any items lost or stolen.

Exemptions: Level I Certificate Program, Non-Degree Seeking, and Returning Students

Please complete the following information and sign and date the form.

Name: ________________________________
(Please Print)
Mailing Address: ________________________________
(Street/ PO/ CR)
________________________________________
(City) (State) (Zip)
Phone Number: ________________________________
E-mail Address: ________________________________

Signature: ____________________________ Date: ____________________________

Testing Office Use
To be filled out by CBC testing employee
The individual who filled out this form needs to take the following preparation area/(s): Writing _______ Reading _______ Math_______ OR All Areas_______
Name of Testing Employee: ______________
Date of when examinee plans to test: _______

Original – file copy for the testing department/ yellow copy – examinee’s copy
Addendum to College Placement Testing Contract – Revised 8/15/12 Effective as of October 1, 2010