

Proctored Accounting Competency Acceptance Form

Name		Name of Center Where You are Requesting to Test	
FAU Z Number		Test Center Email Address	
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Home Phone	Cell Phone	Test Center Phone	Contact Person Name
FAU Email Address Only		Center Address	
		City, ST ZIP Code	

Exam Information

FAU Accounting Competency Exam	Prerequisite for Accounting ACG3131 / ACG3341
Name of Exam	Course Information
School of Accounting	Student must present: FAU OWL Card or Valid Gov ID
(561) 297-3636	3 Sheets of Scratch Paper and Pencil
(561) 297-3636	Calculator Built Into Software (No Handheld Calculators allowed)
<i>Sherry Young</i>	
Signature of Instructor	Materials Allowed

Accommodations

Any candidates who qualify for non-standard test administrations should contact the FAU Student Accessibility Services with Disabilities for assistance with this process. Please attach documentation to this form.

List Accommodations Needed

Signature

I understand and accept that any testing fees paid are non-refundable or transferable to another date or person. I also acknowledge that I will be responsible for any additional testing fees charged by the requested testing institution.

Student Signature	Date
I give permission for the listed examinee to test at my institution and have all the necessary facilities to conduct this examination.	
Name of Officer for Testing Center	Signature of Testing Officer
Official Title	Date