



Voluntary System of Accountability CAAP Participation Agreement 2009-2010

For Office Use Only	
Cust. No:	_____
Site Code:	_____

This agreement is for the period of September 1, 2009 through August 31, 2010. Participating institutions in good standing are entitled to order and administer the Collegiate Assessment of Academic Proficiency (CAAP). The following conditions must be strictly adhered to by participating institutions:

1. All test materials will be returned to ACT by a traceable method within two weeks of the two-week test administration period noted on the materials order form. CAAP Customer Services will be contacted in the event that an extension is needed. (All extensions **must** be approved by ACT.)
2. Under no circumstances will copies of CAAP materials (e.g., test booklets, answer documents, test administration manuals, etc.) be made. CAAP materials are protected by Federal copyright laws.
3. All other administration and security procedures specified in the *CAAP Test Administration Manual* will be followed.

ACT reserves the right to terminate its relationship with any institution without advance notice if ACT determines, in its sole discretion and for any reason, that such a termination is appropriate.

As an individual authorized to commit my campus to the terms of this Agreement as specified above, I understand and agree to the conditions stated herein:

Name (Printed) _____ Signature _____
 Title _____ Date _____

Please complete the following information:

- 1) I give permission for the name of our institution to be published as a participating institution using CAAP for the Voluntary System of Accountability.
 Yes No
- 2) Institution Classification
 Public 2-year (2-year campus of a 4-year institution; 2-year institution)
 Private 4-year
- 3) Do you require your students to take the CAAP exam(s)? Yes No
 If yes, at what point in the academic program? _____
- 4) How will you be using CAAP score results?
 program evaluation (aggregated data)
 student advancement (promotion or graduation)
 other _____

Ship CAAP Results to:

Name* _____ Title _____
 Institution _____
 Street Address _____
 City _____ State _____ ZIP _____
 E-mail Address _____ Phone _____

***Note: Except as otherwise set forth in ACT's "Policies and Guidelines for Uses of Data from ACT-Owned Assessments," ACT will not release student-specific data to any person other than the person listed above.**

CAAP Customer Services (70)
 P.O. Box 1008
 Iowa City, IA 52243-1008
 Telephone 319/337-1576



Fax this agreement to: 319/337-1467