



# FILL OUT THIS FORM AND RETURN TO:

Coastline—Distance Learning Department  
11460 Warner Ave.  
Fountain Valley, CA 92708  
*(FAXED FORMS WILL NOT BE ACCEPTED. DO NOT FAX)*

### AGREEMENT FORM RETURN DEADLINE:

Forms are due by the second Friday of 16-week courses or the first Friday of courses of any other length. Failure to meet this deadline will result in delays in mailing exams. This may result in a penalty for completing exams late.

Failure to correctly enter ALL information below will result in exams not being sent.

<input type="checkbox"/>	Summer
<input type="checkbox"/>	Fall
<input type="checkbox"/>	Interession
<input type="checkbox"/>	Spring

## STUDENT/PROCTOR AGREEMENT FORM

5-Digit CRN # _____ _____ _____	Name of Course Enrolled In _____ _____ _____
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5-Digit CRN # _____ _____ _____	Name of Course Enrolled In _____ _____ _____
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### STUDENT AGREEMENT (Please print legibly)

As a student, I agree to the following:

- To be responsible to locate a proctor and to set up an appointment for the midterm and final exams, which are due by the date the exams are being administered to the local students.
- To verify that my proctor lists the mailing address of the educational institution, not a home address.
- To be responsible for reimbursing the proctor for mailing expenses.
- To take the exams and have my proctor mail them to the Distance Learning Department so they arrive by the assigned due dates.

Student ID #

C									
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Student Name _____	e-mail _____
Address _____	Phone Number (_____) _____
City _____	State _____ Zip Code _____
Student Signature _____	Date _____

(By signing this form I, the student, agree and comply with Distance Learning Department's policies and procedures)

### PROCTOR AGREEMENT (Please print legibly)

As a proctor, I agree to the following (Choose the one that applies):

- I am a testing coordinator, administrator, a librarian or teacher at a community college, university, or secondary school.
- I am a testing administrator or education services officer for the military.

NOTE: If the Proctor does not match one of the two choices above, this form will be denied.

I also agree to the following:

- I am not a current student at Coastline. I am not a relative of any Coastline student, nor do I live at the same address as any Coastline student.
- I will personally **administer and supervise the indicated exam(s)**.
- I will validate the exam(s) by signing where indicated. I will personally mail the completed exam(s) back to Coastline Community College immediately after the student has completed the exam(s).
- I will confirm with the student how the student will pay for the cost of returning the exam packet.

Proctor Name _____	Title _____
Institution _____	
Address (at the institution) _____	
City _____	State _____ Zip Code _____
Email address (at the institution) _____	
Phone Number: Employer's (_____) _____	Proctor's Daytime (_____) _____

To protect the security and integrity of the exams and testing process, all exams must be mailed to the institution where the proctor is employed as an educator or military service officer.

Proctor Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE KEEP A COPY FOR REFERENCE