STUDENT/PROCTOR AGREEMENT FORM

S-Digit CRN #

Name of Course Enrolled In

6-Digit CRN #

Name of Course Enrolled In

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 __ __ __ __

Student Name __________________________ e-mail __________________________

Address ________________________________________________________________

City __________________________ State __________ Zip Code ________________

Student Signature __________________________ Date __________________________

(If 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