STUDENT/PROCTOR AGREEMENT FORM

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 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, elementary 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