



# Student/Proctor Form

**Print this form, complete and fax or email to:**

Fax: 714-241-6324

Email: [ELDproctor@coastline.edu](mailto:ELDproctor@coastline.edu)

**TERM:**

- Summer Session
- Fall Session A (1<sup>st</sup> 8-week)       Fall Session B (2<sup>nd</sup> 8-week)
- Spring Session A (1<sup>st</sup> 8-week)       Spring Session B (2<sup>nd</sup> 8-week)

- COURSE:**
- |                                    |                                      |                                    |                                    |                                    |
|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> ACCT C101 | <input type="checkbox"/> CST C201C   | <input type="checkbox"/> MATH C005 | <input type="checkbox"/> MATH C100 | <input type="checkbox"/> MATH C170 |
| <input type="checkbox"/> ACCT C102 | <input type="checkbox"/> CST C202C * | <input type="checkbox"/> MATH C008 | <input type="checkbox"/> MATH C115 | <input type="checkbox"/> MATH C180 |
| <input type="checkbox"/> ACCT C107 | <input type="checkbox"/> CST C203C * | <input type="checkbox"/> MATH C010 | <input type="checkbox"/> MATH C120 | <input type="checkbox"/> MATH C185 |
|                                    | <input type="checkbox"/> CST C204C * | <input type="checkbox"/> MATH C030 | <input type="checkbox"/> MATH C160 | OTHER _____                        |

\*This course is not offered to Corporate students.

**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 exam(s), according to the course schedule.
- To be responsible for reimbursing the proctor for mailing expenses, if applicable.

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Email Address \_\_\_\_\_ Rank/Pay Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*By signing below, I have read, understood and agreed to the regulations set forth on this Proctor Agreement Form.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROCTOR AGREEMENT (Please print legibly)**

*Coastline Community College reserves the right to disapprove any chosen proctor*

**Check One:**

- I am a Testing Administrator or an Educational Services Officer for the military.
- I am an Educational Administrator, Librarian or a teacher at a college or university.
- The student is deployed; I am an E-6 or above and at least 2 ranks higher than the student.

**As a proctor, I agree to the following:**

- I am not a current student at Coastline. I am not a relative of the student, nor do I live at the same address as the student.
- I will provide a personal business card or send other proof of identity and job title with this agreement.
- I will personally, on a voluntary basis, check the identity of the student, administer and supervise the indicated exam(s).
- I will personally mail the completed exam(s) back to Coastline Community College immediately after the student has completed the exam(s), if applicable.

Proctor Name \_\_\_\_\_ Rank/Pay Grade \_\_\_\_\_

Institution/Military Installation \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*By signing below, I have read, understood and agreed to the regulations set forth on this Proctor Agreement Form.*

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

Online Final Exam is scheduled on (date, time and time zone): \_\_\_\_\_

**For CST courses only**