

**Coastline Community College Military/Corporate Programs  
STUDENT/PROCTOR FORM**

Scan and email form to: [miguray@coastline.edu](mailto:miguray@coastline.edu)  
Or fax to (714) 241-6324

COURSE

<u>TERM</u>	_____ MATH C005	_____ MATH C100	<del>_____ MATHC160</del>	_____ CST C201
_____ Fall Session A (1st 8-week)	_____ Fall Session B (2nd 8-week)	_____ MATH C008	_____ MATH C115	<del>_____ MATH C170</del> _____ CST C202
_____ Spring Session A (1st 8-week)	_____ Spring Session B (2nd 8-week)	_____ MATH C010	_____ MATH C120	_____ MATH C180 _____ CST C203
_____ Summer Session	_____ MATH C030	<del>_____ MATH C140</del>	<del>_____ MATH C185</del>	_____ CST C204
		<del>_____ ACCT C101</del>	<del>_____ ACCT C102</del>	<del>_____ CMST C200</del>

**STUDENT AGREEMENT** (Please print legibly)

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

- To be responsible to locate a proctor (exam supervisor) 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.

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

E-mail address \_\_\_\_\_ Rank/ Pay Grade \_\_\_\_\_

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

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

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

**PROCTOR AGREEMENT** (Please print legibly)

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

**Check One:**

- \_\_\_\_\_ I am an educational administrator, librarian or a teacher.
- \_\_\_\_\_ I am a testing administrator or an educational services officer for the military.
- \_\_\_\_\_ 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 personally, on a voluntary basis, administer and supervise the indicated exams.
- I will personally mail the completed exam(s) back to Coastline Community College immediately after the student has completed the exam(s).

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

Email address \_\_\_\_\_

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

*Please use a mailing address that will ensure receipt of the Testing Materials in a timely manner. FPO addresses have not been successful for delivery.*

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

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

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

Online Final Exam date/time is scheduled on: \_\_\_\_\_

**For CST courses only**

What time zone is your facility located? \_\_\_\_\_

If you have any questions please call 1(866) 422-2645  
**PLEASE KEEP A COPY OF THIS FORM FOR REFERENCE**