



# PocketEd Program Student/Proctor Form

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

Coastline Community College  
Military/Corporate Education Department  
Fax: 714-241-6324  
Email: [CCCMobile@coastline.edu](mailto:CCCMobile@coastline.edu)

Subject Code	Catalog Number	Start Date
<i>Ex: BIOL</i>	<i>C100</i>	<i>June 1, 2016</i>

## STUDENT AGREEMENT (Please print legibly)

As a student, I agree to the following (check all that apply)

- To be responsible to locate a proctor and to set up an appointment for the midterm and final exams, according to published dates.
- To be responsible for reimbursing my proctor for any mailing expenses.

Student Name \_\_\_\_\_ Student ID # C \_\_\_\_\_  
 Military Pay Grade \_\_\_\_\_ Email address \_\_\_\_\_  
 (\*Please write legibly and, if possible, provide an alternate e-mail address for use if primary is undeliverable)  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

*By signing below, I have read, understood and agreed to the regulations set forth on this Student/Proctor agreement form*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PROCTOR AGREEMENT (Please print legibly)

Check One:

- I am a testing administrator or an educational services officer for the military.
- I am an education official, 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 will fax or scan/email a personal business card or send other proof of identity and job title with this agreement.
- I am not a current Coastline student. I am not a relative of the student, nor do I live at the same residence as the student.
- I will personally, on a voluntary basis, check the identification of the student and administer and supervise the indicated exams.

Proctor Name \_\_\_\_\_ Rank/Pay Grade \_\_\_\_\_  
 Institution/Military-Installation \_\_\_\_\_  
 Email-address \_\_\_\_\_  
 (\*Please write legibly and, if possible, provide an alternate e-mail address for use if primary is undeliverable)

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

*By signing below, I have read, understood and agreed to the regulations set forth on this Student/Proctor agreement form.*

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

**Please keep a copy of this form for reference**