



Military/Corporate Education Student/Proctor Form

Print this form, complete and fax or email to:

Coastline Community College
 Military/Corporate Education Department
 Fax: 714-241-6324
 Email: miguray@coastline.edu

TERM:

- Summer Session
- Fall Session A (1st 8-week) Fall Session B (2nd 8-week)
- Spring Session A (1st 8-week) Spring Session B (2nd 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 | |

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# _____

E-mail 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

If you have any questions please call 1(866) 422-2645 ext.16595
PLEASE KEEP A COPY OF THIS FORM FOR REFERENCE