



MATH & ENGLISH ASSESSMENT Proctor Agreement Form

Type of Exam(s) Requested:

English Placement Check one: _____ on-line _____ paper/pencil

Math Placement Check one: _____ on-line _____ paper/pencil

Complete and scan/email or fax to:

Military students: MilitaryPlacement@coastline.edu

Phone: 714.241.6367 Fax: 714.241.6327

Corporate students: ContractPlacement@coastline.edu

Phone: 714.241.6132 Option 3 Fax: 714.241.6327

Please allow 1-3 business days for processing

STUDENT AGREEMENT (Please print legibly)

I understand that I am responsible for locating an approved proctor and for scheduling an appointment with the proctor to complete the assessment.

I am a student in the following Coastline Military/Corporate Education Program (select one):

Military Online Corporate Online NCPACE (Last 4 SSN# And Date of Birth Required)

Student Name _____ Student ID -or- Last 4 SSN# And DOB _____

Military Pay Grade (if applicable) _____ Email address _____

(*Please write legibly and provide an alternate e-mail address for use if primary is undeliverable)

Coastline's placement re-take policy: Student may re-take the English and/or math placement test after a minimum of 7 days after the first attempt. A third attempt may occur three (3) months after the date of the 2nd attempt. Student is required to submit proof of participation in an appropriate intervention. Recommended intervention is Coastline's Success Academy (Success@coastline.edu).

(By signing this form I certify that all information provided is correct and that I shall comply with the procedures set forth by the Coastline College Assessment Center.)

Student's Signature _____ Date _____

PROCTOR AGREEMENT (Please print legibly)

Check one:

I am a testing administrator* for the military or my employer

I am an education services officer for the military or my employer

I am a librarian*, testing coordinator*, educational administrator* or teacher*

I confirm that the student is **deployed** or in a remote area; I am an E-6 or above AND at least 2 ranks higher than the Student (proof of rank required)

*Required to scan/email or fax a personal business card or send other proof of identity and job title with this agreement. Examples of approved documents may include: copy of teaching credential, letter of designation, certificate of achievement or letter on letterhead.

As a proctor, I agree to the following:

I will administer the test(s) utilizing (check one) _____ on-line delivery or _____ paper/pencil delivery (as indicated by the student above)

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 check the student's identification and supervise the student throughout the entire test

I understand that I have approval to administer a 2nd attempt placement test after a minimum of 7 days from the first test date.

Proctor Name _____ Title/Military Pay Grade _____

Organization/Military Installation _____

Email address _____

(Please write legibly and provide an alternate e-mail address for use if primary is undeliverable)

Mailing Address _____

City _____ State _____ Zip Code _____

Day-Phone _____ Evening-Phone _____

(By signing this form I certify that all information provided is correct and that I shall comply with the procedures set forth by the Coastline College Assessment Center.)

Proctor Signature _____ Date _____

Please keep a copy of this form for reference