Coast Guard Afloat Education
Proctor Agreement Form
& ESO Cover Letter

Print this form, complete and fax or scan/email to: Coastline Community College Military/Corporate Education Department
Fax: 714-241-6324
Email: lrose@coastline.edu

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Course</th>
<th>Start Date (12 week courses)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROCTOR AGREEMENT (Please print legibly)

☐ All students have ordered all required course materials.
☐ Attached are registration packages for the above listed students/courses.
  Registration package should contain Registration Form and TA Authorization Form (100% of tuition).

Check One:

☐ I am a testing administrator or an educational services officer for the military.

☐ I am a designated proctor as approved by a Coastline College Official.

As a proctor, I agree to the following (Check all that apply)

☐ I am not a current Coastline student. I am not a relative of the student. I will personally, on a voluntary basis, check the identification of the student.

☐ I will keep the exam(s) locked in a secure place and I will personally administer and supervise the student throughout the entire exam.

☐ I will personally mail the completed exam(s) back to Coastline Community College immediately after the student has completed the Exams.

ESO Name ___________________________ Title/Military Pay Grade ______________________

Cutter ___________________________ Email address ___________________________

Mailing address _______________________________________________________________

Address (preferably street address, not FPO)

City __________________________________________ State ________ Zip Code ________ - ________

Day-Phone (  ) ______________________________ Evening-Phone (  ) _______________________

By signing below, I acknowledge that I have read, understood and agreed to the regulations set forth in this form.

Proctor Signature: ___________________________ Date: ____________

THIS FORM AND ALL REGISTRATION FORMS, INCLUDING TA AUTHORIZATIONS OR PERSONAL PAYMENT, SHOULD BE RECEIVED THREE WEEKS PRIOR TO REQUESTED START DATE.