



Mail to: CCC Distance Learning Department
 11460 Warner Avenue
 Fountain Valley, CA 92708-2597

(FAXED FORMS WILL NOT BE ACCEPTED. DO NOT FAX)

- Summer
- Fall
- Intersession
- Spring

AGREEMENT FORM RETURN DEADLINE:

Forms are due by the second Friday of 16-week courses or the first Friday of courses of any other length. Failure to meet this deadline will result in delays in mailing exams. This may result in a penalty for completing exams late.

Failure to correctly enter ALL information below will result in exams not being sent.

STUDENT/PROCTOR AGREEMENT FORM-2008

5-Digit CRN #	Name of Course Enrolled In
_____	_____
_____	_____
_____	_____

5-Digit CRN #	Name of Course Enrolled In
_____	_____
_____	_____
_____	_____

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 midterm and final exams, which are due by the date the exams are being administered to the local students.
- To verify that my proctor lists the mailing address of the educational institution, not a home address.
- To be responsible for reimbursing the proctor for mailing expenses.
- To take the exams and have my proctor mail them to the Distance Learning Department so they arrive by the assigned due dates.

Student ID # C -

The social security number is required for financial aid recipients, to generate a 1098T form for the Hope Tax Credit and to expedite student requests to transfer official school documents. You are not required to submit it for any other reason. All students will be issued a student identification number for use within the Coast Community College District.

Student Name _____	Email _____
Address _____	Phone Number (_____) _____
City _____	State _____ Zip Code _____
Student Signature _____	Date _____

(By signing this form I, the student, agree and comply with Distance Learning Department's policies and procedures) *Not required if accurate Coastline Student ID is entered.

PROCTOR AGREEMENT (Please print legibly)

As a proctor, I agree to the following (Choose the one that applies):

- I am a librarian, testing coordinator, administrator, or a teacher at a community college, university, elementary or secondary school.
- I am a testing administrator or education services officer for the military.

NOTE: If the Proctor does not match one of the two choices above, this form will be denied.

I also agree to the following:

- I am not a current student at Coastline. I am not a relative of any Coastline student, nor do I live at the same address as any Coastline student.
- I will personally **administer and supervise the indicated exam(s)**.
- I will validate the exam(s) by signing where indicated. I will personally mail the completed exam(s) back to Coastline Community College immediately after the student has completed the exam(s).
- I will confirm with the student how the student will pay for the cost of returning the exam packet.

Proctor Name _____	Title _____
Institution _____	
Address (at the institution) _____	
City _____	State _____ Zip Code _____
Email address (at the institution) _____	
Phone Number: Employer's (_____) _____	Proctor's Daytime (_____) _____

To protect the security and integrity of the exams and testing process, all exams must be mailed to the institution where the proctor is employed as an educator or military service officer.

Proctor Signature _____ Date _____

(By signing this form I, the Proctor, agree and comply with Distance Learning Department's policies and procedures)