



# MATH & ENGLISH ASSESSMENT Proctor Agreement Form

Print this form, complete and fax or email to:

Coastline Community College  
Military & Corporate Education Placement  
Fax: 714-241-6327 Phone: 714-241-6367  
[militaryplacement@coastline.edu](mailto:militaryplacement@coastline.edu)

Type of Exam(s) Requested:

\_\_\_ English Placement Check one: \_\_\_ on-line \_\_\_ paper/pencil

\_\_\_ Math Placement Check one: \_\_\_ on-line \_\_\_ paper/pencil

## 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 with the proctor for assessment.
- I am a military or corporate student enrolling in Coastline's Military/Corporate education programs.

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

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 \_\_\_\_\_

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.)

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

## PROCTOR AGREEMENT (Please print legibly)

**Check one:**

- I am a testing administrator or education services officer for the military.
- I am a designated proctor as approved by a Coastline College Official.
- I am a librarian, testing coordinator, administrator, or teacher.

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

- I will administer the exam utilizing (check one) \_\_\_ on-line delivery or \_\_\_ paper/pencil delivery (as indicated by the student above)
- I will fax or scan/email a personal business card or send other proof of identity and job title w/ 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.
- I will supervise the student throughout the entire exam.

Proctor Name \_\_\_\_\_ Title/Military 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 \_\_\_\_\_

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**