

# College of the Redwoods, Online

Form B: Student/Proctor Agreement (Rev. Aug, 2019)

Course Name (e.g. POLSC-40) \_\_\_\_\_ Course Section Number (e.g. V1863) \_\_\_\_\_

Instructor Name (e.g. A. Lincoln) \_\_\_\_\_

## 1) Student Agreement

As a student, I agree to the following:

- I will abide by any/all exam instructions and requirements given to me by the instructor and the proctor;
- I will fill out parts 1) and 2) of this form, obtain proctor's signature, then return signed form to instructor; and
- I will be responsible for making and keeping the appointment with the proctor and paying fees to the proctor's institution, if any (and agree that CR is not responsible for such fees).

Name (as on roster): \_\_\_\_\_ CR ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*By signing this form, I (the student) agree to comply with the policies and procedures of College of the Redwoods, and of the Instructor named at top, and those set forth in this document.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR REFERENCE

## 2) Proctor Agreement

As a proctor, I agree to the following:

My professional occupation is one of the following:

Librarian, testing coordinator, administrator, or teacher at an elementary or secondary school, community college, or university. In addition, military chaplains, testing administrators, education services officers, or prison officials are acceptable. These or other alternatives must be approved by the instructor and supervising administrator.

I also agree to the following:

- I am not a student of College of the Redwoods (CR), nor am I a relative of any CR student, nor do I live at the same address as any CR student.
- I will handle testing materials in strict confidence. I will follow instructions received from the Instructor named at top and communicate issues or concerns to that Instructor if or when they should arise.
- If so requested by the instructor, I will validate the exam(s) by signing where indicated.
- If so requested by the instructor, I will personally mail and/or fax and/or scan then email the completed exam(s) to the CR instructor immediately after the student completes the exam(s).
- I will perform this service voluntarily and will not receive any remuneration for any time or service unless required by my employer/institution in which case the employer/institution shall receive such remuneration.

Name: \_\_\_\_\_ Title / Occupation: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Address (at institution): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address (at institution): \_\_\_\_\_ Phone (at institution): \_\_\_\_\_

*By signing this form, I (the proctor) agree to comply with the policies and procedures of College of the Redwoods, and of the Instructor named at top, and those set forth in this document.*

Proctor signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 3) Approved / Not Approved

Instructor name: \_\_\_\_\_ Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

If NOT approved, state the reason: \_\_\_\_\_