Distance Learning Registration and Proctor Participation Agreement Form

Return this form at least one (1) week prior to the first day of classes.

**Distance Learning Registration**

**TO BE COMPLETED BY STUDENT:**

FOR UNDERGRADUATES: What department is your major in? ____________________________ Advisor ____________________________

FOR GRADUATE STUDENTS: Have you been accepted into a graduate degree program at Case? __Yes__ __No__

• If YES ___ Degree Program _______________ Department _______________ Advisor ____________________________

• If NO ___ NON-DEGREE Student

Semester:

**STUDENT INFO**

Please type or print legibly.

Name ____________________________ Student ID (Not Soc. Sec.#) ____________________________ Case Email: ____________________________ @case.edu

Course#/Section # (e.g. ABCD 123/800-LEC(1234)) ____________________________ Instructor’s Name ____________________________

NO Proctor: ____________________________ Exams to be taken with on-campus class. ____________________________ (Do NOT complete below section)

Proctor (on-campus): ____________________________ Exams to be taken with ON-campus Proctor that student has obtained. ____________________________ (Complete below section)

Proctor (off-campus): ____________________________ Exams to be taken with OFF-campus Proctor that student has obtained. ____________________________ (Complete below section)

**Proctor Participation Agreement**

**TO BE COMPLETED BY PROCTOR:**

Completion of this form expresses a commitment to provide secure proctoring services to Case Western Reserve University students enrolled in distance learning courses. The work site, testing center or individual proctor agrees to provide services which include: receiving and returning exams, ensuring security of exams, and proctoring exams in a quiet proctored testing environment. There are no fees or exchanges of money between Case Western and the proctor participant. The payment of proctoring fees (if any) is the sole responsibility of the student.

**PROCTOR INFO**

Please type or print legibly.

**Please indicate the category that applies to you.**

[ ] Work Site. Our site is willing to proctor only our employees. (Work sites are employers with a human resource or employee education and training department, and agree to proctor only their employees).

[ ] Individual Proctor. I am willing to proctor the student whose name is printed below.

(Individual proctors agree to proctor a specified student and may include professors, counselors, teachers or administrators working in a public or private school or college; librarians, commissioned military officers; or other appropriate professionals to be approved by the instructor and/or CSE Dean’s Office.)

Name and Title ____________________________ Company/Testing Center ____________________________

Proctoring Site Address ____________________________

Email ____________________________ Telephone ____________________________ Fax ____________________________

I attest that I can and will provide an appropriate and secure environment for this student to complete the designated examinations for this course and will abide by the instructions of the instructor.

_____________________________________________                        ___________ ________________

Proctor Signature                                                                                  Date

Please return this completed form to: cse-proctorinfo@case.edu