



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.		
<input type="checkbox"/> 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).		
<input type="checkbox"/> 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