

ExamSoft Spring Registration Form

(Please print)

Name _____ ID Number _____

E-Mail Address _____ Local Telephone Number _____

I have read and agree to the **Policy for ExamSoft** and the **Information Sheet** and would like to register to take the following exams using ExamSoft:

_____ **Course name & professor** _____ **Date of exam** _____

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I am registered with ExamSoft, my laptop computer has been certified and I understand that I must complete a training session with Karen Koelemeyer, ExamSoft Administrator.

I understand and agree that taking my exams via computer is offered as a convenience and privilege, not as a right. Making sure my equipment is in good working order and knowing how to use the program are solely my responsibility.

I understand and agree that if for any reason I cannot continue typing the exam using SofTest, I must hand write the remainder of the exam.

I understand and agree that I am solely responsible for taking my exams via computer and will not hold the Law School, faculty or staff liable for any problems encountered during the taking of such exams.

_____ **Signature of Student**

_____ **Date**

**This form must be received by Karen Koelemeyer on or before
April 10, 2008.**