

ExamSoft Summer 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

Course name & professor

Date of exam

Course name & professor

Date of exam

Course name & professor

Date of exam

Course name & professor

Date of exam

- 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
June 24, 2009.**