Examination Statement of Verification

Student Name: _________________________________________________

Course Name/Number: ___________________________________________

TO BE COMPLETED BY STUDENT BEFORE EXAMINATION:

I, the above named student, hereby verify that I will independently complete this examination under the supervision of my designated proctor. I further certify that I will complete this examination without any outside help or reference to any books, notes, or items, except those specifically permitted for use during this particular examination. If the examination is via computer, I verify that I will not leave the examination pages to view other sites or files during the examination. I verify that I understand that violating the above may result in a failing grade for the examination and the course, and may result in my referral for academic honesty adjudication.

Student Name (print): __________________________________________

Student Signature: _____________________________________________

Date of Examination: __________________________________________

TO BE COMPLETED BY PROCTOR AFTER EXAMINATION:

I certify that I have verified the student’s identity and that the student has completed this examination under my supervision according to the stated policies. All examination and other papers or documents used by the student are being submitted by me personally, and immediately, to the Biggio Center Testing Services. I further certify that if the examination was administered via computer that the student did not leave the examination site during the testing period to view other computer sites or files.

Proctor Name (print): __________________________________________

Proctor Signature: _____________________________________________

Date of Examination: __________________________________________

Proctor Address: ______________________________________________

Proctor Phone: ________________________________________________