Instructor: _____ **Class:** _____

EXAMINATION CERTIFICATION FORM

I certify that I am the person whose signature appears below and that I am entitled to take this exam.

By signing below I am stating I have not received information on the content of this exam from person(s) having taken this exam prior to me, and that all effort demonstrated on this exam is solely my own.

In keeping with the University Senate Rules and Regulations regarding academic misconduct, I understand that I may not share any information stemming from or related to the content of this exam with another individual(s) registered for this course, or another section of this course, prior to that individual(s) taking the exam or its equivalent.

_____   _____

Print Name   **Date**

_____   **ID checked by (initials) _____**

Signature

_____   _____   _____

Start time   **Scheduled End Time**   **Actual End Time**
                                 (for timed tests only)