

**AFFIDAVIT OF PERSONAL RESPONSIBILITY
To be Signed by Student**

I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s).

Signature (sign in ink only) _____
Date

**AFFIDAVIT OF EXAM COMPLETION
To be Completed and Signed by Exam Monitor**

I declare that I personally observed the above named individual during the completion of this examination and also observed that the student received no outside assistance in completing the examination.

Name of Student _____
Name of Course

Address where exam was taken

Date exam was taken _____
Beginning time _____
Ending time

MONITOR: DISINTERESTED THIRD PARTY

Print name of person administering test _____
Job title of person administering test

Company/agency name _____
Business phone number

Business mailing address

Signature of person administering test
(sign in ink only) _____
Date