

CONNECTICUT

AFFIDAVIT OF PERSONAL RESPONSIBILITY

To be Signed by Student

I affirm that I personally completed the entire study material of the course. I also affirm that I completed the exam without assistance from any course material, other source material, or from any person.

Test-Taker Signature: _____ Date: _____

AFFIDAVIT OF EXAM COMPLETION

To be Completed and Signed by Exam Monitor

I certify that I verified the identification of the student. In addition, I administered the final examination and certify that it was sealed until administration and completed without assistance or outside help of any kind.

Name of Student: _____ Name of Course: _____

Address where exam was taken: _____ Date exam was taken: _____

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: _____

(You can sign this form by typing in your name) Date

Scan & Email to instructor@ce-professor.com or Fax to 857-383-2333