

West Virginia
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 one person(s).

SIGNATURE OF STUDENT (You can sign this form by typing in your name)

Student Signature X

Date Signed:

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.

Student Name:

Course Name:

Exam Location:

Exam Date:

Proctor/Disinterested Third-Party Information

Name:

Job Title:

Company:

Business Phone:

Business Address

Signature of Proctor (You can sign this form by typing in your name)

Proctor Signature X

Date Signed:

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

West Virginia
AFFIDAVIT OF PERSONAL RESPONSIBILITY
To be Signed by Student

Mail Copy to:
CE Professor
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Boca Raton, FL 33498