Honor Code Statement for Proctored Examinations

This document must be returned with the examination.

Examination Date __________________ Course Number and Section ________________

Course Instructor ____________________________________________________________

Student Name ______________________________________________________________

Student Number _____________________________________________________________

I pledge that I have neither received nor given unauthorized assistance during the completion of this work.

__________________________________________
Student Signature (required)

Proctor Statement

Date examination was administered ______________________

Examination Start Time ____________ Examination End Time ________________

I affirm that the above named student completed this examination on the day and time indicated, under my supervision, and according to the course instructor’s directions.

Proctor Name ____________________________________________________________

Proctor Signature __________________________ Date _________________________

Photo ID Checked

_________________  ____________
Initials

Please follow the instructor’s directions for returning the completed examination and this completed statement. Should you have any questions, please contact the Teaching and Learning Center, 256.549.8403 or elearn@gadsdenstate.edu. Thank you for assisting this student!