

TO WHOM IT MAY CONCERN

In consideration for a special sitting of the final examination in the following class,

Course	Number	Section	Instructor
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I,

Last Name	First Name	U of S Student Number
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do solemnly swear that I have not/will not communicate about the content of this final examination with any student who has already/has not yet written this final examination. Furthermore I fully understand that disciplinary action may be taken against me if I have communicated with another student about the content of this final examination.

Scheduled Date of Writing (dd/mm/yyyy)	Alternate Date of Writing (dd/mm/yyyy)
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STUDENT SIGNATURE

Student Signature	Date (dd/mm/yyyy)
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Witness Signature	Date (dd/mm/yyyy)
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Please return completed form to your instructor or invigilator prior to both the scheduled and alternate date of writing.