

MASSACHUSETTS
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 administrating test
(sign in ink only)

Date