

# Pennsylvania

## Affidavit of Exam Completion

Completed and Signed by Exam Monitor

Address of Exam Location		
Street		
City	State	Postal Code
Exam Date	Begin Time AM PM	End Time AM PM
Monitor Type:	Training Director <input type="checkbox"/> Personnel Director <input type="checkbox"/>	Librarian <input type="checkbox"/> Other: _____ <input type="checkbox"/>
Name of Person Administering Exam		Title of Administer of Exam
Agency/Company Name	Business Telephone ( )	Ext.
Business Mailing Address		
City	State	Postal Code
<p>I certify that I, a disinterested third party, verified the identification of the student as signed below and that I administered said student's final examination. I further certify that the exam was completed without external, or personal assistance of any type.</p>		
_____ Students Name		_____ Course Name
_____ Signature of Person Administering the Exam		_____ Date

## Affidavit of Personal Responsibility

Completed and Signed by Student

<p>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 persons.</p>	
_____ Student's Signature	_____ Date