



Honor Code Statement for Proctored Examinations

Student Name _____ Student ID# _____

Scheduled Date _____ Scheduled Time _____ Semester F _____ W _____ S _____

Course Number _____ Instructor _____

Examination Parameters

Maximum Time Permitted for Completion: _____ Hours _____ Minutes

Materials Permitted on the Exam (check all that apply):

Writing Utensil Only

- Textbook
- Class Notes/Lecture Slides
- Technical Manuals
- Cheat Sheet (# of Sides: __)
- Scientific Calculator
- Graphing Calculator
- Computer/Laptop
- Smartphone/Tablet
- Internet

Student signature required prior administration of exam

I understand that I am subject to the rules of the CECS Academic Code of Conduct. Should I violate any of the parameters given above, my examination will not be accepted or graded.

Student Signature (required): _____

Examination Proctor Statement

Date examination was administered: _____ Exam Start Time: _____ Exam End Time: _____

I affirm that I have viewed photo identification of the student taking this examination. I understand that I am required to return the examination to UM-Dearborn and that the student must not handle the examination or receive copies after completion. I further affirm that the above named student completed the aforementioned examination on the day and time indicated above, according to the stated examination parameters, under my direct supervision.

Proctor Name _____

Proctor Signature _____

STUDENT MUST SIGN AFTER COMPLETING EXAMINATION

I affirm that I have completed this exam following the parameters above, within the stated time permitted. I have neither given nor received any assistance in completing this examination.

Student Signature (required) _____