



TO WHOM IT MAY CONCERN

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

| | | | |
|--------|--------|---------|------------|
| Course | Number | Section | Instructor |
|--------|--------|---------|------------|

| | | |
|--------------|------------|-----------------------|
| I, Last Name | First Name | U of S Student Number |
|--------------|------------|-----------------------|

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) |
|----------------------------------------|----------------------------------------|

STUDENT SIGNATURE

| | |
|-------------------|-------------------|
| Student Signature | Date (dd/mm/yyyy) |
|-------------------|-------------------|

| | |
|-------------------|-------------------|
| Witness Signature | Date (dd/mm/yyyy) |
|-------------------|-------------------|

Please return completed form to your instructor or invigilator prior to both the scheduled and alternate date of writing.