

**EXAMINATION STATEMENT OF VERIFICATION  
DISTANCE LEARNING**

**Auburn University  
Petrie Annex  
Auburn University, AL 36849  
(334) 844-3106**

**Student Name:** \_\_\_\_\_

**Course Name/Course Number:** \_\_\_\_\_

**TO BE COMPLETED BY STUDENT PRIOR TO TAKING THE EXAMINATION:**

I, the above named student, hereby verify that I will independently complete this examination under the supervision of my designated proctor. I further certify that I will complete this examination without any outside help or reference to any books, notes, or items, except those specifically permitted for use during this particular examination. If the examination is via computer, I verify that I will not leave the examination pages to view other sites or files during the examination. I verify that I understand that violating the above may result in a failing grade for the examination and the course and may result in my referral for academic honesty adjudication.

**Student Name:** *(print)* \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

**TO BE COMPLETED BY PROCTOR AFTER THE EXAMINATION:**

I certify that I have verified the student's identity and that the student has completed this examination under my supervision according to the stated policies. All examination and other papers or documents used by the student are being mailed by me, personally, immediately to the Distance Learning Office. I further certify that if the examination was administered via computer the student did not leave the examination site during the testing period to view other computer sites or files.

**Proctor Name:** *(print)* \_\_\_\_\_

**Proctor Signature:** \_\_\_\_\_

**Proctor Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_