



Proctor's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Course \_\_\_\_\_

Date of Test \_\_\_\_\_

Time Test Started \_\_\_\_\_

Time Test Finished \_\_\_\_\_

I, the above named student, hereby certify that I have completed this examination in complete accordance with the regulations stated in the Murray State University Department of Mathematics and Statistics Proctor Guidelines, and that no items such as books, notes, reference materials or instruments were utilized except those specifically authorized by the instructor for use with the examination.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



Mathematics and Statistics  
Faculty Hall 6C  
Murray, KY 42071  
Phone: (270) 809-2311  
Fax: (270) 809-2314

Date: \_\_\_\_\_

No. of pages including cover: \_\_\_\_\_

To: \_\_\_\_\_

Fax No: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Regarding: \_\_\_\_\_

\_\_\_\_\_

Comments: