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 complete accordance with the regulations stated Department of Mathematics and Statistics Proctas books, notes, reference materials or instrume specifically authorized by the instructor for use very structure.	d in the Murray State University tor Guidelines, and that no items such ents were utilized except those
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: