



Declaration of Secrecy

TO WHOM IT MAY CONCERN

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

Course	Number	Exam/Practical type	Instructor
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I,

Last Name	First Name	U of S Student Number
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do solemnly swear that I have not/will not communicate about the content of this 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)
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STUDENT SIGNATURE

Student Signature	Date (dd/mm/yyyy)
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Witness Signature	Date (dd/mm/yyyy)
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Please return the completed form to your instructor or invigilator as soon as possible when you know you will miss an exam; no later than 3 business days after the missed exam.