

Student: Levi Ackerman

Exam: SUR 1000 exam

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CSD exam time: 16-OCT-2018 21:00

CSD exam location: Storrs - Wilbur Cross - 100, seat 13

Instructor: erwin.smith@surveycorps.edu

Instructor phone: (764) 238-2314

Class exam time: 16-OCT-2018 16:30

Format: Physiscal

Material Allowed:



- Swords, Horses, 3D Maneuver Gear

Accommodations:

- Will be accompanied by "Squad Levi"

Instructor Notes: Survive. Slay Titans

Please read and sign the following statement prior to starting your exam:

I acknowledge that I have used the restroom (if needed) before the exam, have removed jackets/baggy clothing and hats and have ensured that all personal items (including phone and other electronics) are silenced and put away with my other belongings (e.g., backpack). I understand I cannot be excused from the exam room unless it is for a previously approved accommodation. I understand that I must stop my exam and turn it in when I am notified that my time is done. I also understand I will be proctored (in person or by video monitoring) during this exam at the CSD. If proctors observe suspicious behavior (cheating), they will notify the Accommodations Coordinator who will take my exam from me and notify my instructor of the suspicious behavior. I acknowledge that academic misconduct will forfeit my eligibility to take my exams at the CSD and all future exams will be scheduled and proctored by my instructor or TA. According to the University's Responsibilities of Community Life: The Student Code, academic misconduct is dishonest or unethical academic behavior that includes, but is not limited to, misrepresenting mastery in an academic area (e.g., cheating), failing to properly credit information, research, or ideas to their rightful originators or representing such information, research, or ideas as your own (e.g., plagiarism).

Signature _____ Date _____

Please read and sign the following statement after completing your exam:

I acknowledge that this exam was taken in accordance with the Student Code at the Center for Students with Disabilities with my approved accommodations. The accommodations were appropriate and testing conditions satisfactory. Any unsatisfactory conditions should be indicated below.

Signature _____ Date _____

Notes/Comments: (Please date and initial)

Pick up/Delivery (circle one) Print Name _____ Date _____

Exam Security Bag#: _____