



To whom it may concern

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

COURSE	NUMBER	SECTION	INSTRUCTOR

I,	Last Name	First Name	U of S Student Number

do solemnly swear that I have not/will not communicate about the content of this final 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 am discovered to have communicated with another student about the content of this final examination.

Schedule Date of Writing (dd/mm/yyyy)	Alternate Date of Writing (dd/mm/yyyy)

Student Signature

Student Signature	Date (dd/mm/yyyy)
Witness Signature	Date (dd/mm/yyyy)

Please return completed form to:

Student Central
 University of Saskatchewan
 105 Administration Place
 Saskatoon SK, Canada S7N 5A2

Tel: 306-966-1212
 Toll Free (in Canada) 1-877-650-1212
 Fax: 306-966-6730
 Email: askus@usask.ca
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