

Folder number _____

You MUST SIGN this in order to have your exam grades count in this class. You may cross out items 2 and/or 3 below if you do not wish to agree to them.

1. I will abide by the student code of the University of Utah for all exams and in all other matters concerning this class. Specifically I will not cheat, copy, or misrepresent myself or knowingly allow others to do so.
2. I want this exam and all other material from this class to be returned to my folder in the class file cabinet in the lab, where I can easily access it, even though I know that location is not secure.
3. I want to be able to communicate with Arn and others associated with this class concerning grades and private information without always having to appear in person and show a valid personal identification. (I.E. by phone, email, etc.)

You may cross out items 2 and/or 3 above if you do not wish to agree to them.

Name: _____ student number: _____

Signature: _____ date: ☐ _____
☐ 2/06/2019