

Southern Maryland Association of REALTORS®
8440 Old Leonardtown Rd, Ste 211, Hughesville, MD 20637

FAX to 240-254-2107

STUDENT AFFIDAVIT FOR ONLINE COURSES

I (*name of student*) _____ affirm that I have personally completed every requirement of the course and that I have not provided any aspect of the course to others. I understand that receiving unauthorized assistance or tampering with course results will invalidate my course credit and may be a cause of action under the real estate laws and regulations of Maryland.

Please PRINT the following information:

Student Name (*as it appears on your license*): _____

License Number (*required*): _____

Firm Name: _____

Course Name(s)	Date(s) Completed
----------------	-------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please provide the mailing address to which your certificate(s) will be mailed.

Student Signature: _____ **Date:** _____