

FORM A – EXAMINATION CERTIFICATION 2004 AIME

The Examination Manager and the Principal, Vice Principal, or Headmaster must sign this form which is to be returned with your student Answer Forms.

Certification by the Principal, Official or person with comparable title:

- a) I certify that the exam package(s) were retained in their sealed condition within a half hour of the start of the examination;
- b) I accept for our school the rules and procedures described on this page and page 2, and accept that failure to follow these rules and procedures may result in **DISQUALIFICATION** from official standing of all scores from our school.

Signature _____ Time _____

Title _____ Date _____

Certification by the Examination Manager:

I certify that the 2004 American Invitational Mathematics Examination was given today, Tuesday, March 23, 2004; that all students who took it did so at the same time and place; that only invited students took it; that the 3-hour time limit was strictly enforced; that the test envelope was sealed until the time of the test; that no student had access to the test questions in advance; that the students were continually supervised by a certified teacher while they were taking the test; that I am returning those materials as required in Section V; and that all other rules for administering the test were followed.

YES NO If no, describe the exceptions on a separate sheet of paper.

I also certify that I understand and accept the following for our school. The Committee on the American Mathematics Competitions reserves the right to:

1. Disqualify all scores from our school if it is determined that the required security procedures were not followed.
2. Re-examine students if, after an inquiry, there is a reasonable basis to believe that the scores do not validly represent the ability of the students. (The procedures for disqualification, follow-up inquiries and re-examination are similar to those for the AMC 10 and AMC 12, as outlined in the AMC 10/12 Teachers' Manual.)

Signature of AIME School Manager _____

Date _____ School Telephone # _____

Name of School _____

State _____

School Identification Number (CEEB) _____

The AIME was administered on **March 23, 2004**..... YES please circle **NO**

Starting Time _____ Ending Time _____

Please also complete the OLYMPIAD INFORMATION Form B, found on Page 6.