

University of Toronto Scarborough
EXAM INCIDENT REPORT

*To be used to report ALL instances of cheating, suspected cheating, and personation. Submit, along with any confiscated materials/items, the course syllabus, exam cover sheet and any material indicating the rules of the exam to your Departmental Office at the conclusion of the exam, for submission to the Academic Integrity Office following the completion of the departmental review. ****IMPORTANT**** Students must be informed, after the exam, of the allegation of academic misconduct.*

DATE: _____ TIME: _____

LOCATION: _____

COURSE CODE: _____ INSTRUCTOR: _____

EXAM WEIGHT: _____

REPORT OF PRIMARY WITNESS (Please include ALL the following information):

OVERVIEW REPORT (Please complete all the appropriate lines)

Student name: _____

Student #: _____

Time behaviour first observed: _____

Subsequent times observed: _____

Page#/question student working on at time of observation: _____

Time students were separated (if applicable): _____

Location of student/s (draw, and attach, a diagram if necessary): _____

Unauthorized aids confiscated:

- Notes (for notes written on a body part – photograph, or transcribe below)
- Electronic device seen in use (Note: to report the possession of an electronic device where there is no evidence the device was in use, complete the “Acknowledgement of Possession of Unauthorized Electronic Device” form.):

- Type (e.g. smartphone, calculator): _____

- Model # (if applicable): _____

Other (describe): _____

DETAILED REPORT

(Please provide as much detail as possible about the incident, observed behaviour of the student/s, steps taken to stop behaviour, details of discussion with student if any. If more than one student involved, please provide seating diagram).

DISCUSSION WITH STUDENT

(Please include details of your discussion with the student. Instructors are required to speak to the student about the matter after the exam is completed. Please communicate to the student the nature of the allegation, and inform them that the matter will be taken up by the Dean's Office.)

Report completed by (Full name - please print): _____

_____ Your cellphone # (_____) - _____
Signature

Position: Instructor TA Email: _____

(If you need more space, continue on a blank piece of paper and be sure to attach it to this sheet.)

NAMES OF ANY OTHER INVIGILATORS WHO WITNESSED INCIDENT *(please print)*

1) Full name <i>(print)</i> :	Title: <i>(Instructor, TA, etc.)</i>
2) Full name <i>(print)</i> :	Title: <i>(Instructor, TA, etc.)</i>
3) Full name <i>(print)</i> :	Title: <i>(Instructor, TA, etc.)</i>
4) Full name <i>(print)</i> :	Title: <i>(Instructor, TA, etc.)</i>
5) Full name <i>(print)</i> :	Title: <i>(Instructor, TA, etc.)</i>
6) Full name <i>(print)</i> :	Title: <i>(Instructor, TA, etc.)</i>
7) Full name <i>(print)</i> :	Title: <i>(Instructor, TA, etc.)</i>