

Examination/Test Incident Report Form

One form is to be used for each student unless the incident affects the entire class.
For suspected academic misconduct issues, this form is submitted to the professor.

Student or Course Name: _____

Student ID# or Course Code: _____

Date: _____

Location: _____

Exam Time: _____

Invigilator Name: _____

Course Name & Code (if not above): _____

Professor: _____

Incident involved:

Student is suspected to have ready access to/or using unauthorized aids or devices (e.g. notes, cell phones, calculators, smart watches, etc.)

Student suspected of other forms of academic misconduct (e.g. copying from another student, allowing their work to be copied)

Student is suspected of communicating with another student during exam (inside or outside room)

Fire alarm

Student illness

Student name does not appear on the registered class list

Student identity issues, such as suspicion of invalid or fraudulent identification

Other, please specify:

Full Incident details (If necessary, attach a typed report or the report of an assisting invigilator)

(see over)



Action Taken

Additional Comments

Signature: _____ Date: _____

Print Name: _____

Email: _____

Phone: _____

This form to be submitted to:

Academic integrity: Professor. For further information see torontomu.ca/academicintegrity

Other Incidents: Manager of Exams

Office: 416-979-5000, ext. 556060

Email: exams@torontomu.ca

For more information see Policy 60 Academic Integrity and Policy 135 Final Examinations.