



Examination/Test Incident Report Form

One form is to be used for each incident being reported unless the incident affects the entire class.

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. coping 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 (*continue over if necessary or attach 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 www.ryerson.ca/academicintegrity

Other Incidents: Manager of Exams
Office 416-979-5000, ext. 6060
Cell 647-977-7735
Email exams@ryerson.ca