University of Toronto Scarborough

EXAM INCIDENT REPORT – ACADEMIC INTEGRITY

To be used to report <u>ALL</u> instances of cheating, suspected cheating, and personation.

Submit this report, 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; it will be submitted to the Academic Integrity Office following the completion of the departmental review.

IMPORTANT Instructors/invigilators must inform students, after the exam, of the allegation of suspected

academic misconduct.			
DATE:	TIME:		
LOCATION:			
COURSE CODE:	INSTRUCTOR:		
EXAM WEIGHT:			
REPORT OF PRIMARY WITNES	SS (Please include ALL the following information):		
OVERVIEW REPORT (Please con	nplete 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:			
\square Notes (for notes written on a b	ody part – photograph, or transcribe below)		
$\hfill\Box$ Electronic device seen in use	(Note: to report the possession of an electronic device where there is no		
evidence the device was in use, cor	nplete the "Acknowledgement of Possession of Unauthorized Electronic		
Device" form.):			
o Type (e.g. smartph	one, calculator):		
Model # (if applicable)	le):		
☐ Other (describe):	<u> </u>		

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

the student(s) about the matter after the example the nature of the allegation, and inform them t	the student(s). Instructors are required to speak to is completed. Please communicate to the student(s) hat the matter will be taken up by the Office of the
Vice-Principal Academic & Dean.)	
Report Completed By (Full name - please pr	int):
	Your cellphone # ()-
Signature	Year compriess in <u></u>
Position: ☐ Instructor ☐ Invigilator ☐TA	Email:
(If you need more space, continue on a blank p	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 (print):	Title: (Instructor, TA, etc.)	
2) Full name (print):	Title: (Instructor, TA, etc.)	
3) Full name (print):	Title: (Instructor, TA, etc.)	
4) Full name (print):	Title: (Instructor, TA, etc.)	