



**REPORT OF ACADEMIC MISCONDUCT CASE
FINAL EXAMINATION SEMESTER I / II
ACADEMIC SESSION _____ / _____**

Faculty	:	
Course Code and Course	:	
Date of Examination	:	
Time of Examination	:	
Venue of Examination	:	

Details of student involved in academic misconduct case:

Name : _____

Matric No. : _____

Identity Card No./Military: _____

Faculty : _____

Programme : _____

Mobile No. : _____

Index No. (if any) : _____

*Delete where not applicable

Chief Invigilator:

Signature : _____

Name : _____

Post : _____

Faculty / Centre : _____

Contact No. : _____

First Witness

Signature : _____

Name : _____

Post : _____

Faculty / Centre : _____

Contact No. : _____

Second Witness

Signature : _____

Name : _____

Post : _____

Faculty / Centre : _____

Contact No. : _____

*If the case involves more than one student, please use a separate form (new form).