

OFFICE OF THE DEPUTY VICE CHANCELLOR – ACADEMICS AND STUDENTS AFFAIRS

EXAMINATION INCIDENT REPORT FORM

This Form MUST be filled in DUPLICATE.	Γhe original must b	e RETUR	NED to the Examin	ations O	ffice	
IMMEADIATELY after the Examination an						
DEPARTMENT: COURSE CODE:			SCHOOL:			
YEAR OF STUDY (TICK ACCORDINGLY)	FIRST YEAR		SECOND YEAR		THIRD YEAR	
	FOURTH YEAR		FIFTH YEAR		SIXTH YEAR	
INCIDENT/INCIDENCE						
CHIEF INVIGILATOR:	ÇI	GNATUR	RE∙			

For further information, see notes for guidance of Invigilators.