

# EXAMINATION MALPRACTICE FORM

Section 1: Student's Details			
Full Name			
ID No. / Passport No.			
Nationality		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Email Address		Mobile No	
Programme		Current Semester	
Any Previous Malpractice	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate how many times? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

Section 2: Nature of Offence			
Module Name			
Module Code			
Venue of Examination			
Student's Signature		Date	

Section 3: Examination Tribunal Panel			
No	Name	Designation/Dept	Signature

Section 4: Decision of the Faculty / Registry
Date Met: