

## Invigilator's Report

Invigilators are required to complete the following report for each examination they invigilate and submit it for confirmation on their time sheet.

Invigilators Name:			
Course Code:		Professors Name:	
Exam Date:		Exam Time:	
Room:		Campus:	

Did any of the following take place during the exam? (check all that apply).

- A student(s) was observed looking at/reading the exam materials of another student.
- A student(s) consulted notes or other forbidden sources of information during the exam.
- A student(s) spoke to another during the exam.
- A student(s) used an electronic device other than those permitted during the exam.
- Other (can be described below)

**Note:** *If any of the above items were checked, please complete the incident box below.*

- No incidents were observed during the exam.

## Incident Reporting

What happened, who was involved and what was your role?

Invigilator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email the signed form to [PSB.Invigilation@sheridancollege](mailto:PSB.Invigilation@sheridancollege). Digital signatures are allowed.