

CENTRE FOR GRADUATE STUDIES
UNIVERSITI TUN HUSSEIN ONN MALAYSIA
ACADEMIC MISCONDUCT ALLIGATION REPORT FORM

SECTION A: STUDENT'S PERSONAL DETAILS

FULL NAME : _____

MATRIC NUMBER :

MOBILE PHONE NUMBER :

TABLE NUMBER :

SECTION B: DETAILS ON THE ACADEMIC MISCONDUCT

EXAMINATION DATE : / /

EXAMINATION TIME : :

EXAMINATION LOCATION : _____

COURSE NAME : _____

COURSE CODE :

COURSE COORDINATOR'S NAME : _____

SECTION C: STUDENT'S DECLARATION

I hereby solemnly affirm that I have engaged in academic misconduct as delineated in sections D to E.

I hereby affirm that the confiscated items associated with the case are indeed my property

 Student's
 Signature

 Date

SECTION D: JUSTIFICATION UPON THE ALLIGATION OF ACADEMIC MISCONDUCT

The student engaged in unauthorized communication with others during the examination.

Communication Method : _____

Medium of Communication : _____

Other Remarks : _____

The student was found in possession of unauthorized notes, books, or communication devices during the examination.

Quantity of unauthorized notes, books, etc. : _____

Type/Brand of Communication Device : _____

Other unauthorised item(s) : _____

**The unauthorized item(s) confiscated should be attached together in this form*

The student was observed consulting notes and/or other devices during the examination.

Quantity of unauthorized notes, books, etc. : _____

Quantity of unauthorized notes from any type of communication device : _____

*Others (ie: Notes scribbled on body parts) : _____

Others (Please specify briefly)

CHRONOLOGICAL DESCRIPTION OF THE CASE

SECTION E: CONFISCATED ITEMS RELINQUISHED TO THE CGS

<input type="checkbox"/>	Books/Notes	<input type="checkbox"/>	Calculator
<input type="checkbox"/>	Communication devices	<input type="checkbox"/>	Smartwatch/ Tablets
<input type="checkbox"/>	Photo / Video	<input type="checkbox"/>	Others (Please Specify)

SECTION F: ENDOESMENT

THE PERSONNEL WHO CONDUCTED THE CONFISCATION

(SIGNATURE AND FULL NAME)

Mobile Phone Number : _____
Office Phone Number : _____
Faculty / Centre : _____

WITNESS OF THE ACADEMIC MISCONDUCT

(SIGNATURE AND FULL NAME)

Mobile Phone Number : _____
Office Phone Number : _____
Faculty / Centre : _____

CHIEF INVIGILATOR

(SIGNATURE AND FULL NAME)

Mobile Phone : _____
Number : _____
Office Phone : _____
Number : _____
Faculty / Centre : _____