**This form must be completed after each examination and returned together with the students' exam papers.**

Please report any incident whereby the normal conduct of the examination has been affected, for example, late arrivals, noise disturbances, suspected student malpractice etc. and any action taken, for example, extra time allowed.

In the event of suspected student malpractice written evidence, for example, unauthorised notes etc. should be enclosed with this form. Please continue on additional sheet/s and photocopy extra copies of this form, if necessary.

If no disturbances occurred, please tick the ‘Nothing to Report’ section and sign the form.

|  |  |
| --- | --- |
| **Academic Year***Akademik Yıl* | 20\_\_\_\_\_ - 20\_\_\_\_\_ |
| **Track***Kur* | **Fall** *(Güz)* | **Spring** *(Bahar)* | **Summer** (*Yaz*) |
| 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| **Course***Ders* | Main Course | □ | Listening | □ |
| Reading | □ | Speaking | □ |
| Writing | □ | Integrated Skills | □ |
| **Test Type***Sınav Türü* | Progress Test □ | Quiz □ | Proficiency □ | Placement □ | Other □ |
| **Date and Time***Tarih ve Saat* | \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_ @ \_\_\_\_\_:\_\_\_\_\_ |
| **Group***Şube* |  |
| **No. of Students attended***Sınava katılan öğrenci sayısı* |  |
|  |
| Nothing to report. □ |
|  |
| *Please provide a short report of the incident including details of* ***a)*** *What happened (description of incident)* ***b)*** *When (What time did the incident occur)* ***c)*** *Who (was involved in the incident including Student(s); Invigilator(s); witnesses* ***d)*** *How (was the incident dealt with or what action taken)* |
| In signing this form I can confirm that the above information is accurate and a copy of the report has been passed to the Vice Principals' Office to allow them to determine if they need to take any further action. |
| Name of the Invigilator: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  (signature) |
| Name of the Co-Invigilator:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *(*signature*)* |
| Name of the Co-Invigilator:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *(*signature*)* |