**University of Technology Sarawak**

INVIGILATION REPORT

*(To be completed by The Chief Invigilator)*

# Chief Invigilator: Date:

**Start Time:**

**Semester: Venue:**

**Invigilator**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Attend/ Late/ Absent** | **Time (In)** | **Time (Out)** | **Substitute Invigilators (if any)** | **Sign** |
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Subject Title and Code:

Student No:

# Details on Exam Question Papers

|  |  |
| --- | --- |
| The total no of EQ papers provided is sufficient | Yes / No |
| If not, the total no of EQ that needed to printed on exam date |  |

**Error/Mistakes on Exam Question** *(Please contact the course lecturer as provided in the Examination Paper/Script Handling Form)*

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| **Part** | **No** | **Details** | **Action Taken** |
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1. **Details on Student Attendance**
	1. *No of students who are 15 - 30 mins late*

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| --- | --- | --- | --- | --- |
| **No** | **Name** | **ID No** | **Reason** | **Remark** |
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Reason: 1=No ID 2=No Entry Slip-need to collect temporary from AARD 3=Financial 4=Transport Delay/Prob 5=Time table mix up 6=Others-please state

 *(ii)No of Students Absent:*

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| --- | --- | --- | --- | --- |
| **No** | **Name** | **ID No** | **Reason** | **Evidence** |
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# Additional Information

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| Total no of Attendance Slip collected |  |
| Total no of answer scripts collected |  |

Please tick ( √ )

|  |  |
| --- | --- |
| All used papers and rubbish have been collected and disposed off accordingly. |  |
| All lights at the exam hall are turned off. |  |

Other reports or comments:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **DECLARATION** |  |  | **VERIFICATION** |
| *I declare that all the information given is true,* | Total No of Scripts Matches with No of Attendance |  |
|  | All materials for exam and unused papers are returned |  |
|  | Exam Misconduct Report form and evidence attached |  |  |
|  | (If applicable) |  |
|  |  |  |  |
| **Chief Invigilator** |  |  | **Exam Unit** | ***Name :*** |  |
| ***Date :*** | ***Time :*** | ***Date :*** | ***Time:*** |  |

***THIS REPORT MUST BE SUBMITTED IMMEDIATELY AFTER EACH EXAMINATION SESSION TO THE EXAM UNIT, AARD***