



**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
EXAMINATIONS OFFICE**

EXAMINATION CONDUCT FORM

Name of the invigilator: **Telephone No:**.....

Academic Year: **Semester:** **Date of invigilation:**

Name of student involved in exam misconduct:

Student Registration no:

Please indicate below the examination(s) concerned;

S/NO	Course Code	Course Title	Exam Venue
1.			
2.			

Please provide a brief explanation of the exams misconduct

.....

Main Invigilator

Name:..... SignatureDate:.....

Witness

Name:..... SignatureDate:.....

Chief invigilator

Name:..... SignatureDate:.....

Note: This form should be submitted with the following supporting documents / items

- i. Students' statement
- ii. Statement by the witness
- iii. The evidence / exhibit of the misconduct