



KENYATTA UNIVERSITY

PLAGIARISM INCIDENT REPORTING FORM (FOR STAFF)

(To be completed by Supervisor or Chairman of Departmental/School Board of Postgraduate Studies)

This form is to be completed and submitted to Kenyatta University Plagiarism Committee.

Please attach all relevant information on all cases of plagiarism.

Name of Member of Staff-----

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P.F Number-----Department-----

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Course Name and Code (where applicable) -----

Type of scholarly work-----

Member of Staff's Telephone Number----- Email address-----

Name of the Instructor who has detected plagiarism-----

Department-----Date-----Sign-----

Description of the plagiarism incident:

Member of Staff's Comments: -----

Member of Staff's Name-----Signature:-----Date-----

Name-----Signature-----Date-----