KENYATTA UNIVERSITY

PLAGIARISM INCIDENT REPORTING FORM (FOR STUDENTS)

(To be completed by Supervisor/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 Student---------------------------------------------------------
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Registration Number-School-Department--
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Course Name and Code-------------------------------------------------
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Type of scholarly work-------------------------------------------------
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Student’s Telephone Number- Email address-
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Name of the Instructor who has detected plagiarism-------------------

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

Description of the plagiarism incident:
- -----------------------------------
- -----------------------------------

Student’s Comments: ---------------------------------------------------

Student’s Name-Signature: Date------------------

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

Chairman of Department