



BSC Testing Center – Incident Report

Student Information

Student: _____ Student ID: _____

BSC Email: _____ Phone: _____

Course Subject and Number: _____

CRN: _____ Instructor: _____

Course Exam and Number: _____

Event Date and Time: _____

Proctor Information

Name: _____

Email: _____ Phone: _____

Incident Details

Please attach a copy of the exam in question and any additional sheets, if necessary.

Date Instructor Notified: _____

Instructor Signature: _____