



UNIVERSITY OF MAURITIUS

To: Secretary
Discipline Committee

Breach of Examination Regulations (Examination Irregularity/Plagiarism and Fabrication or Falsification of Result(s)/Document(s))

STUDENT'S REPORT

PART A

Full Name of Student:ID No. of Student:

Address: Contact No.:

Programme of Studies: Year/Level of Study:

PART B

Choose as Appropriate

OPTION 1

I plead guilty to the charge(s) (e.g. 1, 2 etc.)..... levelled against me as per letter dated and I choose (*Please tick as appropriate*):

To appear before the Discipline Committee (Examination & Plagiarism) scheduled on a specified date and time that will be duly communicated to me, to offer mitigating explanations in relation to the penalty/penalties that may be imposed upon me. I understand that I will only be able to offer my mitigating explanations in relation to the penalty/penalties which may be imposed and that the merits of the case will not be discussed during the Discipline Committee;

Not to appear before the Discipline Committee (Examination & Plagiarism)

I understand that I may be accompanied by a legal advisor of my choice, either a barrister or an attorney duly entitled to practice in Mauritius.

I understand that for either option, I have the right to appeal to the Appeals Committee against only the penalty/penalties imposed upon me by the Senate should I consider same to be excessive.

OPTION 2

I plead not guilty to the charge(s) (e.g. 1, 2 etc.)..... levelled against me as per letter dated and will appear before the Discipline Committee scheduled on a specified date and time that will be duly communicated to me.

I understand that I may be accompanied by a legal advisor of my choice, either a barrister or an attorney duly entitled to practice in Mauritius.

In case I feel aggrieved by the decision of the Senate, following the recommendation of the Discipline Committee, I understand that I have the right to appeal to the Appeals Committee on the findings of the Discipline Committee and/or the penalty/penalties imposed by the Senate.

Please specify if you shall be accompanied at the Discipline Committee.

Yes No

If YES, please give the name of the person accompanying you and state in which capacity.

Name:

Capacity: [Lawyer/witness or other (*please specify*)]

Signature of Student: Date:.....

PART C

*** Please give a brief statement of your version of the facts, or any other clarifications you may wish to bring to the attention of the Committee. Students who have more than one charge levelled against them may wish to provide a brief statement/clarification for each of the charges.**

(You may attach a separate letter to this Form)

Signature of Student:

Date:

PART D

Please indicate any extenuating circumstance(s) which you wish to bring to the attention of the University (*e.g.problem(s) of medical, family (death of parent), financial, academic nature or other special circumstances*).

(Please attach all documentary evidence to substantiate the above)

PART E

I certify that all information given in this Form is true and correct.

Signature of Student:

Date:

