



Academic Dishonesty Incident Report Student Name:

_____ Student

Identification Number: _____ Student

E-mail address: _____

Instructor's Name: _____ Office Phone:

_____ Department: _____ College:

Instructor E-mail address:

Course Title:

Course Number: _____ Section Number:

_____ Semester Course Taken: _____ Year

Course Taken: _____

Brief Statement of Incident: (use additional pages if necessary; attach any necessary documents)

Instructor's Action: (plan for disciplinary action)

Summary Resolution: YES NO

Student's Signature:

(Under Summary Resolution, the student admits guilt for the act of dishonesty identified above and acknowledges acceptance of the plan for disciplinary action. If the student disagrees with the instructor's proposed plan for disciplinary action and wishes to take further action, the student should refer to the reverse side of this form for the policy statement outlining the steps that should be followed.

Instructor's Signature:

Department Chair's Acknowledgment:

Distribution: Student, Instructor, Department Chair, College Dean, VPAA, Office of Student Conduct, Office of International Affairs (if international student)