Academic Dishonesty Incident Report

Student Name: ________________________________________
Student Identification Number: ____________________________
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)