

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: _____ Date of Incident: _____

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

Instructor's Action: (disciplinary action recommended)

Summary Resolution: YES NO

Student's Signature: _____

By acknowledging "YES" and signing above, the student accepts responsibility for violating the Academic Honesty Policy, found online at <https://www.una.edu/student-conduct/policies/index.html> and accepts the Instructor's Action (disciplinary action recommended) by the instructor. If the student disagrees with the instructor's action, the student should refer to the website above for further steps to be taken.

Instructor's Signature: _____

Department Chair's Signature: _____

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