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: (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)