

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)