

ACADEMIC MISCONDUCT INCIDENT FORM

Faculty/Instructor Information

Referring Faculty Member _____ Department _____

Telephone _____ E-Mail Address _____

Course/Section _____

Student Information

Student Name _____ Student ID# _____

If you have a local telephone and/or e-mail for this student, please provide:

Telephone Number: _____ Email: _____

Part I: Charge

I am charging the above named student with an alleged violation of the Academic Integrity Policy as specified below. Check all that apply.

- | | |
|----------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Multiple Submission |
| <input type="checkbox"/> Fabrication, Falsification or Forgery | <input type="checkbox"/> Complicity |
| <input type="checkbox"/> Plagiarism | <input type="checkbox"/> Other _____ |

**Please briefly state the nature of your complaint and all parties involved in the incident
(You may attach additional sheet if needed)**

Please attach all appropriate materials related to the incident including Part II: Academic Integrity Resolution (on the reverse side)

Part II: Resolution

Please check the appropriate box below:

ACCEPTANCE OF RESPONSIBILITY

By signing below, the student acknowledges a violation of the Academic Integrity policy. The student and the faculty agree to the academic resolution noted below and to forward the matter to the Assistant Dean of Students. The student understands that if s/he has a previous history of academic misconduct it may result in further sanctions being recommended by an Academic Integrity Hearing Panel.

ACCEPTANCE OF RESPONSIBILITY / DENIAL OF SANCTION

By signing below, the student acknowledges a violation of the Academic Integrity policy. By not agreeing to the sanction listed below for the academic misconduct the student understands that the matter will be referred to the Department Chair for mediation and, if no agreement is reached, to an Academic Integrity Hearing Panel to determine sanction. The student's history of academic misconduct may result in further sanctions being recommended by an Academic Integrity Hearing Panel.

DENIAL OF RESPONSIBILITY

By signing below, the student denies a violation of the Academic Integrity Policy and requests a formal disciplinary process. The student understands that failure to meet with faculty or refusal to sign the document will be treated as an acceptance of responsibility. The student further understands that any previous history of academic misconduct may result in further sanctions being recommended by an Academic Integrity Hearing Panel.

Academic Sanction Taken against the Student (Please print or type in space below.)

Formal Disciplinary Recommendation of Faculty Member (optional):

I recommend no formal disciplinary action unless the student has a history of academic dishonesty.

Based on the severity of this individual incident I recommend formal disciplinary action. I understand that the student may be placed on disciplinary probation, suspension or dismissal based on this incident alone and/or the student's history of academic misconduct.

Both the faculty member and the student understand that there will be a delay of any academic penalty until the conclusion of the Academic Integrity process, and that the any history of academic misconduct will be considered during the process.

Student Signature _____ **Date** _____

Student failed to appear or refused to sign document

Faculty Signature _____ **Date** _____

If you have questions, please contact Student Affairs at 361-825-2612.