

STUDENT ACADEMIC INTEGRITY FORM

Instructions: Pursuant to Policy Statement 08-02, please complete this form soon after your finding of a violation of academic integrity. Please send a copy of the completed form to the Provost (BH 303) and to the Vice President of Student Services (BH 377) and keep a copy for your records. (For reasons of privacy, send in confidential envelope. Do not use e-mail.)

Faculty Name: _____ Dept: _____

Faculty ID Number: _____

Student Name: _____ Student ID Number: _____

Date of Incident: _____ Course Name and Number: _____

Brief description of the violation of academic integrity:

Action(s) you took. Check all that apply.

- Review – no action
- An oral reprimand with emphasis on counseling toward prevention of further occurrences
- A requirement that the work be repeated
- A proportional reduction of final course grade
- Assignment of a failing final grade
- Other (Please Specify) _____

Do you want further investigation and action by the Office of Judicial Affairs? ___ No ___ Yes

Signature

Date