Faculty Report Form

Complete this form to document any instance of suspected and/or resolved academic misconduct. Make a copy for your records and forward the original, along with copies of all available supporting documentation, to the Academic Integrity Officer.

Instructor Name (PRINT): ____________________________________

Program:_________________________   Phone No:________________________

Email: ___________________________

Course Name: ___________________ Section:_____________ Semester: _______________

Student Name: ___________________________ Student ID#:________________

Date of Incident:__________________________

Type of Incident: _____Cheating _____Plagiarism __________________________________Other

Description / explanation of incident:_____________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Witnesses/participants:______________________________________________________________

Did the student admit to the act of academic dishonesty? Yes_____ No_____

Explanation__________________________________________________________________________

___________________________________________________________________________________

Recommended sanction:_______________________________________________________________

Referral to Academic Integrity Officer:  __________

Faculty Signature ________________________________ Date_________

Resolution of the case if adjudication:  __________________________________   Date __________

Academic sanction _________________________________________

Disciplinary sanction ________________________________________

Signature of Academic Integrity Officer _______________________ Date______