

ACADEMIC DISHONESTY INCIDENT REPORT

Name of Student: _____
Last First Initial NetID (Required)

Name of Instructor: _____
Last First

Department: _____

Office: _____

Phone: _____

Course Name & Number: _____ Date of Incident: _____

Location of Incident: _____

Brief Statement of Incident (use attachment if necessary): _____

Was the Student Informed? (see 3.1. 3.2) _____

If so, how and when? _____

Please select which action is being taken as a result of this incident (check all that apply):

- Student has been issued a warning.
- Student is required to resubmit work or retake an exam under specified conditions and with a possible grade penalty.
- Grade has been adjusted for the assignment. The grade has been changed to _____
- Grade for the course has been adjusted. The grade has been changed to _____

*Please note if the course grade is adjusted, academic renewal will not be permitted.

Instructor's Signature: _____ Date: _____

Department Chair's Acknowledgement: _____ Date: _____

Dean's Acknowledgement: _____ Date: _____