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 Dean of Students (USU 219) 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 Student Conduct and Ethical Development?

________ No ________ Yes

Signature ____________________________  Date ____________________________