

Academic Misconduct Report

For the Instructor: Please complete this form and attach all supporting documentation. Copies of this form should be sent in an envelope marked “confidential” to the Department Chair and to the Office of Student Conduct, Mildred Barrows Hall, Room 110. *You are encouraged to retain copies of all relevant documents until the issue is resolved. You shall also attempt to notify the student of the alleged academic misconduct and the academic sanctions you intend to apply.*

Instructor's Name (Print): _____ Department: _____

Instructor's E-mail Address: _____ Phone _____

Course # & Title _____ Semester and Year _____

Student's Name (Print): _____ Student ID# _____

Description of Alleged Misconduct _____

Academic Sanction and Sanction Rationale _____

Please check any and all that apply:

_____ I have notified the student of the alleged misconduct and intended sanction.

_____ The student acknowledges responsibility for the alleged misconduct.

_____ I have referred the student to The Learning Center for an Academic Integrity Workshop.

_____ I recommend further disciplinary action to be considered by a Faculty Hearing Board.

Instructor's Name (Signature): _____ Current Date: _____

For the Office of Student Conduct:

Date Received: _____ Date of Academic Misconduct Hearing: _____

Final Decision of Faculty Hearing Board _____