

REPORT OF ACADEMIC DISHONESTY
INFORMAL RESOLUTION

STUDENT NAME _____ ID _____

COURSE _____ SEMESTER/YEAR _____

INSTRUCTOR _____ DEPT _____

E-MAIL _____ TELEPHONE # _____

DESCRIPTION OF INCIDENT: Attach additional pages if necessary

RESOLUTION:

Instructor's Signature _____ Date _____

I have been informed of the Academic Honesty Policy, including the right to a formal charge and the right to appeal formal charges of academic dishonesty and I agree to the resolution described. I understand that a record of this agreement will be maintained by the Academic Honesty Office and that more than two such resolutions may result in a University Sanction Hearing.

Student's Signature _____ Date _____

Please forward this form to:
Academic Honesty Board, c/o University Ombuds Office, 823 Campus Center
Fax: 545-9720

Please call 545-0867 or e-mail: ombuds@ombuds.umass.edu with any questions.

This space for use by the Academic Honesty Office:

Received: