

REPORT OF ACADEMIC DISHONESTY
FORMAL CHARGE

STUDENT NAME _____ ID _____

COURSE _____ SEMESTER/YEAR _____

INSTRUCTOR _____ DEPT _____

E-MAIL _____ TELEPHONE # _____

DESCRIPTION OF INCIDENT: Attach additional pages if necessary

SANCTION: _____

**(Please note that no sanction may be implemented nor a grade submitted
until the appeal process has been completed.)**

Contacted student: YES ____ If so, date _____ NO ____

Student has been informed of the Academic Honesty Policy, including the right to appeal formal charges of academic dishonesty. YES ____ NO ____

Instructor'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:

Charge received:

Notification sent: