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 with signatures to:
Academic Honesty & Grievance Office in Room 613 Goodell Building - or - honesty@umass.edu

For general information about academic honesty standards of the university’s policy you may contact the University Ombuds Office at 413-545-0867 - or - ombuds@ombuds.umass.edu

This space for use by the Academic Honesty & Grievance Office:

Received: