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: _________________________________________________
(No sanction may be implemented nor a grade submitted until you have been notified by the Academic Honesty & Grievance Office. If grades are due, while a charge is pending, contact the Registrar's Office.)

Contacted student?: NO ____ YES ____ Date of contact: __________

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

Instructor’s Signature ____________________________ Date _________________

Please forward this form to:
Academic Honesty & Grievance Office
613 Goodell
Fax: 577-6300

This space for use by the Academic Honesty & Grievance Office:
Charge received: Notification sent: