APPEAL OF ACADEMIC DISHONESTY CHARGE

NAME ___________________________________ ID # __________________________

LOCAL MAILING ADDRESS __________________________________________________

E-MAIL ADDRESS ___________________________ MAJOR ________________________

PHONE _________________________________________________________________

COURSE TITLE/NUMBER _____________________________________________________

SEMESTER ____________________ INSTRUCTOR ________________________________

BASIS OF APPEAL: Describe below the grounds on which the charge of academic dishonesty or the sanction imposed is being appealed. Use additional pages if necessary. State the type of evidence that will be presented and whether any witnesses will be called.

What days/times can you be available for a hearing? (Please note that hearings are not held in the evening or on weekends.)

________________________________________
Signature and Date

Please forward this completed form to:
Academic Honesty Office, 408 Goodell or honesty@umass.edu

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

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