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
511 Goodell
Fax: 577-6300

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

Updated March 2018