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 Board, 511 Goodell - 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@umass.edu

This space for use by the Academic Honesty Office:

Received:

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