**REPORT OF ACADEMIC MISCONDUCT**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of alleged misconduct (attach relevant documents):

Penalty assigned by the instructor:

**Student: read each of the three statements below and sign your name under the one that is most appropriate.**

I have read the academic integrity policy, this entire form, reviewed the evidence, and accept responsibility for the misconduct and penalty assigned by the instructor. I understand that this form will be removed from the file in the office of Academic Dean upon graduation.

Signature of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

I have read the academic integrity policy, this entire form, reviewed the evidence, and accept responsibility for the misconduct assigned by the instructor but wish to appeal the penalty. If the appeal is accepted, I understand that this form will be immediately removed from the file in the office of Academic Dean. If the appeal is not accepted, this form will be removed from the file in the office of Academic Dean upon graduation.

Signature of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

I have read the academic integrity policy, this entire form, reviewed the evidence, and do not accept responsibility for the alleged misconduct and penalty assigned by the instructor, and I wish to appeal the penalty. If the appeal is accepted, I understand that this form will be immediately removed from the file in the office of Academic Dean. If the appeal is not accepted, this form will be removed from the file in the office of Academic Dean upon graduation.

Signature of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness (if present):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Academic Dean or designee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Academic Affairs Office: 1st offense\_\_\_, 2nd offense\_\_\_, 3rd offense \_\_\_