

## Academic Integrity Incident Report

Student's Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Section Number: \_\_\_\_\_

Semester Course Taken: \_\_\_\_\_ Year Course Taken: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Brief Statement of Incident (use additional pages if necessary):

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Instructor's Action: \_\_\_\_\_

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Informal Resolution      Yes      No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(The above signature is not an admission of guilt, but an acknowledgment of notification if there is no informal resolution)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair's Acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_