**ACADEMIC INTEGRITY POLICY VIOLATION FORM**

**BASIC INFORMATION:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 92#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: Fall Spring Summer 20\_\_\_

Course Title/Number/Section Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NATURE OF THE VIOLATION:** *Please circle one of the following violations and add any other information you feel is relevant to this case. Please attach any supporting documentation (ex: copies of the paper/exam, evidence of plagiarism, etc.) and a copy of your course syllabus.*

CHEATING PLAGIARISM FABRICATION FACILITATION

Proportion of the course grade represented by this assignment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SANCTION:** *Contact the Department of Student Community Ethics (x7234) to determine if this is the student’s first academic offense. If so, the faculty member may assign a sanction of up to an ‘F’ in the course. Unless the case is forwarded to the Academic Integrity Board for resolution, the sanction below will stand.*

**MEETING BETWEEN FACULTY MEMBER AND STUDENT:** *The student must be informed of the charge and sanctions orally and in writing and must receive the opportunity to speak with the faculty member bringing the allegations in order to decide how to resolve the case. My signature below indicates that this meeting did take place and that the student has been notified via meeting and letter.*Meeting on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Letter sent/given on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT RESPONSE:** *After the student/faculty meeting where the student must make a choice about how they would like to resolve their case.*

\_\_\_\_ I have read this document, met with my faculty member, and understand the seriousness of violations of the Academic Integrity Policy. I acknowledge that for the assignment described above, I was in violation of the Academic Integrity Policy. I accept the sanction as proposed, and hereby waive my right to a hearing.

\_\_\_\_ I have read this document and understand the seriousness of violations of the Academic Integrity Policy. However, I wish to exercise my right to have my case heard by an Academic Integrity Board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature Date

*After all paperwork is complete, the faculty member is responsible for sending copies of this and all supporting documentation to the Department of Student Community Ethics and to the department head.*

*For questions or concerns, please call the Department of Student Community Ethics at 227-7234.*