

ACADEMIC DISHONESTY INCIDENT REPORT

Policy on Academic Dishonesty (form revised in 2014)

Name of Student: _____
Last First Initial Net ID (Required)

Name of Instructor: _____
Last First

Quarter: _____ Department: _____

Date of Incident: _____ Office: _____

Phone: _____

Course Name & Number: _____

Location of Incident: _____

Brief Statement of Incident (use attachment if necessary): _____

Was the Student Informed? (see 3.1, 3.2, of the Academic Senate Policy 08-09cFAC7)

If so, how and when? _____

Please select which action is being taken as a result of this incident (check all that apply):

- Student has been issued a warning.
- Student is required to resubmit work or retake an exam under specified conditions and with a possible grade penalty.
- Grade has been adjusted for the assignment. The grade has been changed to: _____
- Grade for the course has been adjusted. The grade has been changed to: _____
*Please note if the course grade is adjusted, academic renewal will not be permitted.
- Other: _____
- I recommend that this incident be reported to the Director of Student Conduct, Rights & Responsibilities for further possible action. (If this is not a first offense, this form will automatically be forwarded.)

Instructor's Signature: _____ Date: _____

Department Chair's Acknowledgement: _____ Date: _____

Dean's Acknowledgement: _____ Date: _____