**Report of Violation of Academic Integrity**

**Undergraduate Students**

**(Part I)**

This page is to be completed by the faculty member alleging the violation and the student who is charged.

Please forward the completed form to the Department Chair for completion of Part II.

**Student Name:** **ID #:**

**Course Name & Number:** **Faculty Member:**

**Action occurred: (**Term and year)

**Please refer to the Academic Integrity Policy in the University Catalog for timeline information.**

1. **Charge** (description of violation and evidence for charges):
2. **Summary of Meeting concerning the violation**:
3. **Faculty Recommended Sanction**:

Completion of alternate assignment, without a grade reduction

Completion of alternate assignment, with a grade reduction (will be      )

Reduced grade on the assignment (will be      )

Reduced grade for the course (will be      )

F for the course

Other (please explain):

**Note**: Once a faculty member has charged a student with academic dishonesty, the student may not withdraw from the course to avoid a grade penalty or to prevent the filing of the Report of Violation of Academic Integrity.

1. The faculty member  will /  will not request a meeting of the Academic Integrity Board to request further sanctions (as specified below). Further sanctions will result in a permanent record in the student’s disciplinary file.

**Further sanctions that will be requested**:

Disciplinary probation (official, administrative censure)

Suspension (temporary separation from the university)

Expulsion (permanent separation from the university)

The Student has the right to appeal the decision of the faculty member. Appeal of the decision will not result in a more severe penalty being imposed by the reviewing body. (See the Undergraduate Catalog for further information concerning the appeal process. There is specific timing within the appeal process.)

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Faculty Member Date

1. **Student Action**

1. I admit that the charges are true and accept the sanctions imposed.

1. I do not admit guilt, but I will accept the penalty being levied by the faculty member.

1. I wish to appeal my case to the Department Chair, Dean, and/or Academic Integrity Review Board. I understand that if I lose the appeal, the sanctions that will be levied will not exceed those listed above.

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Signature of student Date

**Report of Violation of Academic Integrity**

**(Part II)**

**Student Action #1 or #2: The student accepts the penalty**

This page is to be completed by the department chairperson and the college dean, whenever the student accepts the penalty being imposed. Part I, which includes the faculty member’s recommendations as to sanctions, will always be attached.

**Student Name:** **ID #:**

**Course Name & Number:** **Faculty Member:**

**Action occurred: (**Term and year)

**Please refer to the Academic Integrity Policy in the University Catalog for timeline information.**

The above named student has accepted the penalty imposed by the faculty member.

**No appeal is being filed.**

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Signature of Department Chairperson Date

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Signature of Dean (or designee) of college offering the course Date

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Associate Provost (or designee) Date

**Report of Violation of Academic Integrity**

**(Part II)**

**Student Action #3: The student appeals the penalty**

This page is to be completed by the department chairperson and the college dean, whenever the student appeals the penalty. Part I, which includes the faculty member’s recommendations as to sanctions, will always be attached.

**Student Name:****ID #:**

**Course Name & Number:** **Faculty Member:**

**Action occurred: (**Term and year)

**Please refer to the Academic Integrity Policy in the University Catalog for timeline information.**

The above named student **does not admit guilt** and wishes to appeal the penalty imposed by the faculty member.

The above named student **admits guilt** but wishes to appeal the penalty imposed by the faculty member.

The student will meet with each of the following individuals as part of the appeal process: the Department Chair and the College Dean (or designee). Each should attach a summary of their meeting with the student.

**A.** **Department Chai**r: I  do /  do not concur with the recommendations of the faculty member. (See attached explanation).

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Signature of Department Chairperson Date

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Signature of student Date

**B.** **Dean (or designee):** I  do /  do not concur with the recommendations of the faculty member and Chair. (See attached explanation).

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Signature of Dean (or designee) of college offering the course Date

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Signature of student Date

**C.** **Academic Affairs**: Report Received. Student  does /  does not wish to proceed to an AI Board hearing.

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Associate Provost (or designee) Date