



Date of Incident:

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ ID: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Course Location/Building:

Description of Incident:

Description of Sanctions (e.g. outcome):

Please Check One:

By signing below, I agree to all of the following:

I accept that academic misconduct has occurred;

I accept the description and sanctions of the incident written abnci BDC -o 50 10 0 11385r

Either the faculty member or student disagrees with one or more of the conditions listed above and request that this matter be referred to the Department of Student Conduct and Community Standards for resolution.