

Academic Dishonesty Short Form Incident Report

Course number _____ Course Title _____

CRN _____ Semester FALL SPRING SUMMER 20
(CIRCLE ONE)

Student's Name _____ ID# _____

Student's Email _____

Other students implicated in same act _____
(Please submit separate forms for each)

Instructor's Name _____

Instructor's Email _____ Phone _____

Date and description of infraction (completed by instructor):

Penalty (completed by instructor):

Comments (by student):

Comments (by instructor):

By signature below, I agree that I have been given a copy of the College Academic Honesty Policy at least 48 hours before signing this statement. I agree to the penalty specified above, and waive my privilege of having this issue resolved by the College Board on Academic Honesty.

I am aware that the penalty for this violation must be approved by the College Board on Academic Honesty. If the penalty for this infraction is not approved by the Board, this Incident Report must be renegotiated or a hearing must take place.

I also acknowledge, by my initials here, that I understand the gravity of this violation of the College's Academic Honesty Policy. I am aware that the College Honesty Policy is to suspend for a second offense.

Student's initials: _____

Student's signature: _____ **Date:** _____

Instructor's signature: _____ **Date:** _____

Chair, Board on Academic Honesty signature: _____

Date: _____

Please submit to:
Secretary, Board on Academic Honesty
317 Lattimore Hall
Box 270401