

***Academic Misconduct Incident Report***  
**MUST BE COMPLETED WITHIN TEN WORKING DAYS OF DISCOVERY OF INCIDENT**

Date of incident: \_\_\_\_\_ Date completed: \_\_\_\_\_

Student Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Faculty Name \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ E-mail \_\_\_\_\_

Course Name \_\_\_\_\_ Section \_\_\_\_\_ Semester \_\_\_\_\_

Explanation of incident: (Only state the facts. Attach additional pages as necessary.)

Student's explanation of incident (if desired):

***Meeting outcomes:***

Charge(s): \_\_\_\_\_

Recommended sanction:

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**Both parties must read the following statements and initial each.**

- |  | <b>Faculty</b> | <b>Student</b> |
|--|----------------|----------------|
| 1. The student has been informed of his/her right to appeal either the charge of misconduct or the recommended sanction to the Director of Student Life.   | 1. _____       | _____          |
| 2. a) I agree to the charge(s) presented in this document.   | 2a. _____      | _____          |
| <b>OR</b>  | <b>OR</b>      |                |
| b) I do not agree to the charges and this case will be handled through a formal hearing.   | 2b. _____      | _____          |
| 3. a) I agree to the sanction stated in this document in lieu of an administrative or panel hearing.   | 3a. _____      | _____          |
| <b>OR</b>  | <b>OR</b>      |                |
| b) I do not agree upon the sanction; therefore, the sanction will be determined by a hearing.  | 3b. _____      | _____          |
| 4. I understand that the student has the right to rescind this agreement within (5) five working days of its completion by submitting a written statement of rescission to the Director of Student Life. | 4. _____       | _____          |

Failure to abide by the agreed upon sanction will result in formal procedures through the college judicial system.

This information will become a matter of record and could be used by a hearing panel or administrator in the event a future incident of academic misconduct.

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

Student's current mailing address: \_\_\_\_\_

Student's current telephone number: \_\_\_\_\_ Student's current email address \_\_\_\_\_

Faculty Member's Signature: \_\_\_\_\_ Date \_\_\_\_\_

The Director of Student Life will review the judicial records of the student involved in the incident. If previous Academic Misconduct Incident Reports are on file, the Director may contact the student to begin the Formal Resolution Procedure.