ACADEMIC DISHONESTY REFERRAL FORM

Submit copies of this form to the dean of your school or site, the chair of your program (if applicable), and to the Office of Student Affairs. Retain one copy for your own records.

Date Filed: ______________
Date of Incident: ______________
Instructor: ____________________________________________
Course Title: ______________________ CRN: ______________________
Student: ____________________________________________
Student ID#: ____________________________________________
Assignment: ____________________________________________

Description of the student’s academic dishonesty:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Method used by instructor to recognize & verify academic dishonesty:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Any prior incidents of academic dishonesty with this student?  Yes / No
If yes, describe:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Actions taken by instructor (including grade consequences):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Instructor’s recommended administrative action:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________