

ACADEMIC INTEGRITY VIOLATION FORM

Instructor _____ Date _____
Department _____

Student _____ Student ID _____

Course:
CRN _____ Prefix & Course Number _____
Course Title _____

Alleged Violation:

Explanation:

Course-Related Penalty:

Other Suggested Penalty (optional):

INSTRUCTOR'S SIGNATURE

DATE

DEPARTMENT CHAIR'S SIGNATURE

DATE

GRADUATE DEAN'S SIGNATURE
(Required for Graduate Level Courses Only)

DATE

CC: University Registrar