

Academic Honesty Report: Student

Response to Academic Honesty Report Filed by Faculty Member

Student's Name:	
Faculty Member's Name:	
Academic Department:	
Course Name:	
Incident:	
I admit responsibility for the incident described in the faculty member's report and accept the penalty from the instructor.	
I request a hearing with the appropriate department chair and faculty member. I understand that I will be allowed to remain in my classes until the appeal process is completed.	
By signature, I acknowledge that I have read and understand the Academic Honesty Policy provided at the time this form was received. I understand that only the precise penalty above will be imposed unless there is evidence of previous honesty violations in which case additional penalties may be imposed.	
Student's Signature and Date:	
If the student refuses to sign, the penalty stands.	

Distribution:

- Department Chair
- School Dean
- Dean of Students

Senate Approved 5-2-06
Administrative Approval 9-6-06

Provost/VPAA Revision 7/18/2019