

Academic Integrity Report Form

Please read document carefully as when completed it constitutes an agreement between you and Adventist University of Health Sciences.

To be completed by the instructor or complainant:

Instructor/Complainant Name (please print)	Department
Email	Phone
Student Name (please print)	ID#
I believe the student has committed academic dishor	esty and/or misconduct, as described:
Date of the incident Course name	e & number (if applicable)
Check all that apply:	
 I have assigned a grade of zero (or F grade) on the I have assigned an "F" grade for the course. I have given the following penalty	he above assignment.
• • • •	misconduct requires a greater sanction and I request the AHU Citizenship
Because the act of academic dishonesty and/or r designation of "I" (Incomplete).	nisconduct occurred at the end of the term, I am assigning a trimester
this report.	ion of this report. It has not been feasible to show the student in question
Instructor/Complainant Signature	Date
*******	************
be completed by the student:	
Choose a response below, sign and date this form an	d submit to the instructor.
•	ill be heard through the Adventist University of Health Sciences Citizenship with academic misconduct and the appeal process can be found in the
□ I admit to an act of academic dishonesty and/or recommended.	misconduct, as described above, and accept the penalty which has been
inappropriate.	ct as described above, but the penalty which has been imposed is
□ I deny having committed academic dishonesty a	nd/or misconduct as alleged above and feel no penalty should be imposed.
Student Signature	Date

c: Student, Instructor, Department Chair, Academic Administration, Citizenship Committee, Student Services.