



Academic/Professional Misconduct Report Form

To be completed by the instructor:

Instructor Name (please print) _____ Department _____

Email _____ Phone _____

Student Name (please print) _____ ID# _____

I believe the student has committed academic misconduct, as described:

Four horizontal lines for describing the incident.

Date of the incident _____ Course name & number (if applicable) _____

Choose option one or two below:

Option One: Instructor/Department Resolution

I recommend the following classroom and/or departmental penalties (check all that apply):

- Four checkbox options for penalties: zero grade, F grade, specific penalty, and trimester designation.

Option Two: Discipline Committee Referral

- One checkbox option for discipline committee referral.

Instructor Signature _____ Date _____

Student Signature _____ Date _____

For Office Use Only:

Date Received: _____ Copy given to student? [] Yes [] No

Department Chair Signature _____ Date _____

Original: Department Chair Copy: Student, Office of Academic Administration, Office of Student Services