



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) _____

Instructor/Department Resolution

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

- Four checkbox options for penalties: grade of zero, 'F' grade, specific penalty, or 'T' (Incomplete).

Citizenship Committee Referral (To be completed by the department chair only if):

- One checkbox option: It is believed this act of academic misconduct requires consideration by the AHU Citizenship Committee.

Department Chair Signature _____ Date _____

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