

**PLEASE USE ONE FORM PER STUDENT**

# **ACADEMIC INTEGRITY VIOLATION FORM**

Student's Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

UID: \_\_\_\_\_ Class: \_\_\_\_\_

Course/Section #: \_\_\_\_\_ Department: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_ Office Address/Phone: \_\_\_\_\_

Description of Incident: (Please include a copy of all supporting documents. Attach additional pages if need)

For questions regarding academic misconduct, please contact the Office of Community Standards and Student Conduct at 937-775-4240

Distribution:

Copy – Student: Send with Academic Integrity Violation Form

Copy – Faculty Member: Retain in file if found responsible or forwarded Academic Integrity Hearing Panel to Shred of case dismissed

Copy – Office of Community Standards and Student Conduct: Forward if student is found responsible or referred to Academic Integrity Hearing Panel