



Date of Incident: _____

Student Name: _____ ID: _____

Faculty Name: _____ ID: _____

Department: _____ Email: _____ Phone: _____

Course Title: _____ Course Number: _____

Course Location/Building: _____

Description of Incident: _____

Description of Sanctions (e.g. outcome): _____

Please Check One:

By signing below, I agree to all of the following:

I accept that academic misconduct has occurred;

I accept the description and sanctions of the incident written abnci BDC -o 50 10 0 11385r

Either the faculty member or student disagrees with one or more of the conditions listed above and request that this matter be referred to the Department of Student Conduct and Community Standards for resolution.