

Andrews University
Report of Academic Dishonesty

Instructor's Name _____ Student Name _____
Department/Division _____ Student ID _____
Course Number/Name _____ Student's advisor _____
Faculty Email _____ Student email _____
Faculty Phone _____ Student phone _____

Faculty Response: DATE _____

Summary of Incident from Faculty perspective:(include date, time, and place)

(use other side if more space needed)

Others involved: _____

Level of Academic Dishonesty assigned by faculty _____

Sanction assigned: _____

Instructor signature: _____

Date form given to student: _____ Student Initials (received form) _____

Student Response: You have FIVE days to return this form to the faculty member from the day you received it. If you do not return it in five days, you will be assumed to have accepted the report of dishonesty and the recommended sanction.

Yes / No Do you accept responsibility for this reported breach of academic integrity? *

Yes / No Do you accept the sanction assigned by the faculty member? *

*Note: if you do not agree to accusation and/or the sanction, the case will be automatically assigned to an Academic Integrity Panel for review.

Name of Academic Advisor: _____ Major: _____

Summary of incident from Student perspective:

(use other side if more space needed)

Student signature: _____ Date: _____