

Academic Misconduct Report

Section A of this *Report* should be completed by individuals who observed or experienced an alleged incident of academic misconduct. Submit this *Report*, whenever possible, within ten (10) business days of the date the alleged incident occurred to the Registrar or designate.

PLEASE PRINT AND COMPLETE IN INK OR FILL OUT ELECTRONICALLY, SIGN and RETURN.

SECTION A: (To be completed by the complainant and/or instructor)		
Student's last name	Student's first name	Date of incident
Student ID number (if known)	Complainant's name (if not the instructor)	
Course title/number/section (if applicable)	Instructor's name (if applicable)	
Description of the incident signed and dated by complainant if not instructor: (Please attach separate sheet if insufficient space)		

Brief description of the results of the instructor's investigation and sanctions, if any, recommended by the instructor: (Please attach separate sheet if insufficient space)		

Date (dd/mm/yyyy) sanction to be completed (if applicable): _____		
Sign and date this document as confirmation that you have investigated, proposed sanctions, if applicable, and have completed Section A.		
_____		_____
Instructor Signature		(dd/mm/yyyy)
SECTION B: (To be completed by the Student)		
Do you agree to the description of the incident and to the terms of the sanctions, if any, as defined by the instructor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please provide a brief description of the incident: (Please attach separate sheet if insufficient space)		

Sign and date this document as confirmation

Student Signature

(dd/mmm/yyyy)

SECTION C: (To be completed by the Registrar)

Is this the first incident of academic misconduct?

Yes No If **NO**, please provide a brief description of other incident(s) (Please attach separate sheet if insufficient space)

Has this Report and supporting documents been referred to the Hearing Board on Student Conduct?

Yes No If **YES**, date referred _____

(dd/mmm/yyyy)

SECTION D: (To be completed by the Hearing Board on Student Conduct)

Decision of the Committee (please attach the Committee's report and decision): _____

Chair, Hearing Board on Student Conduct Signature

(dd/mmm/yyyy)

President's signature required if the recommendation is Expulsion:

Signature of President + CEO

(dd/mmm/yyyy)

REFERENCE: