ACADEMIC INTEGRITY POLICY - Academic Misconduct Report

(Part I completed and given to the Associate Dean/Faculty; Part II forwarded to Registrar for completion; Part III completed by Associate Dean/Faculty)

Part I

Student Number: _____ Name: _____

Course Number: _____ Name: _____

Faculty Member Name: _____

Date incident occurred: _____ Date discussed with student: _____

Type of Offence [*please check the appropriate box below]*

- ☐ Cheating
- ☐ Copyright Infringement
- ☐ Fabrication or Misrepresentation of Research
- ☐ Forgery or Falsification of Information
- ☐ Impersonation
- ☐ Damaging or altering the work of another
- ☐ Plagiarism
- ☐ Procurement
- ☐ Other: (Please Explain)

Additional Information [*Use this section to record any anecdotal information pertinent to the incident of academic misconduct, and the decision reached concerning an appropriate sanction. Attach supplemental materials/evidence if applicable.*]

Outcome of Investigation: ☐ **Dismissed / no evidence of academic misconduct**

☐ **Academic misconduct occurred**
(Forward to the Registrar to begin completion of Part II Academic Misconduct Sanctions form)

Associate Dean Signature: _____

Date: _____

ACADEMIC INTEGRITY POLICY - Academic Misconduct Sanctions

(Part I completed and given to the Associate Dean/Faculty; Part II forwarded to Registrar for completion; Part III completed by Associate Dean/Faculty)

PART II

Student Number: _____ Name: _____

Type of Offence: _____ Date of Offence: _____

Previous Offences:

Date: _____ Offence: _____ Sanction: _____
Date: _____ Offence: _____ Sanction: _____
Date: _____ Offence: _____ Sanction: _____
Date: _____ Offence: _____ Sanction: _____

Signature of Registrar: _____ **Date:** _____
(Forward Report and Sanctions forms to the Associate Dean for completion)

PART III

Sanction for the current offence:

Notes:

1. Repeat occurrences of academic misconduct will be subject to escalating sanctions, up to and including suspension or expulsion from the college.

2. Decisions under this policy can be appealed under the Academic Appeal Policy and Process.

Signature of Student: _____ **Date:** _____

PLEASE CHECK BOX IF STUDENT SIGNATURE NOT OBTAINABLE ☐

Signature of Faculty Member or Program Coordinator: _____

Signature of Associate Dean: _____

Signature of Vice President, Academic and Student Success: _____
(required only for sanctions of suspension or expulsion):

Date Completed: _____

Copy provided to student ☐
Return Full Report and completed Sanctions forms to the Registrar for retention