

Academic Dishonesty Short Form Incident Report

Course number _____ Course Title _____

CRN _____ Semester FALL SPRING SUMMER 20
(CIRCLE ONE)

Student's Name _____ ID# _____

Student's Email _____

By signature below, I agree that I have been given a copy of the College Academic Honesty Policy at least 48 hours before signing this statement. I agree to the penalty specified above, and waive my privilege of having this issue resolved by the College Board on Academic Honesty.

I am aware that the penalty for this violation must be approved by the College Board on Academic Honesty (for undergraduate student) or by the Dean of Graduate Studies (for graduate student).