

Academic Misconduct Reporting Form

Indiana University Purdue University Indianapolis

Before proceeding with a conference with the student, the faculty member should consult the Code of Student Rights, Responsibilities, and Conduct - <http://life.iupui.edu/conduct>. This booklet may be obtained from the Office of Student Rights, Responsibilities, and Conduct. For questions concerning undergraduate students, call Tralicia Powell Lewis (274-4431) and for graduate students, call Associate Dean Sherry Queener (274-4023).

An instructor should use this form at the conclusion of the informal conference to document compliance with Sections IV.B. and IV.C. of the “Code of Student Rights, Responsibilities, and Conduct.” Therefore, in complying with Part IV.B.1.d. of the “Code of Student Rights, Responsibilities, and Conduct,” the faculty member is required to report the matter within seven calendar days in writing to the Dean of Students, who will send the report to the student, the dean or director of the school or unit in which the offense occurred, and the student’s dean or director.

It is not necessary to type this form, but please make it legible!

1. **It has been concluded that the following student committed a violation of IUPUI policies on academic misconduct:**

Name _____

Student ID # _____ Dept. & Course No. _____ Section No. _____

2. **Type of violation:**

_____ Cheating _____ Fabrication _____ Facilitation

_____ Interference _____ Plagiarism _____ Violation of Course Rules

3. **Summary of incident:** (Attach a detailed summary of the incident.)

4. **Academic sanction imposed by instructor :** Additional penalties may be imposed by the Dean of Students after reviewing this form and other records.

_____ no penalty

_____ resubmit assignment, paper or project (specify requirements and due date)

_____ retake exam

_____ complete additional assignment, course work, exam or paper

_____ lower grade on assignment, exam, or paper involved

_____ failing grade on assignment, exam, or paper involved

_____ required to withdraw from course with W or F, at faculty member’s discretion

_____ a reduced final grade or a failing grade for the course (specify grade)

Faculty Name (Please print) _____ Dept./Room # _____

Signature _____

Date _____ Phone _____

5. **APPEALS:** A student has the right to appeal any of the following decisions:
- The faculty member's decision that the student committed the act of misconduct.
 - The faculty member's decision to impose a particular academic sanction.
 - The decision of the Dean of Students to impose an additional sanction.

Should you have any questions about the discipline procedures, please contact the Undergraduate or Graduate Dean of Students before you sign this form.

6. **Student Response:**

- A. I understand the violation with which I am charged, accept faculty disposition, waive my right to a hearing and accept the disciplinary sanction. I understand that if circumstances warrant, the Dean of Students may consider additional sanctions and a hearing with proper notification will be held to consider any additional sanctions. I understand that this form will be kept in a confidential file in the Office of the Dean of Students.

Student Signature _____

Mailing Address _____

Phone _____ Date _____

- B. I understand the violation with which I am charged, but **do not** admit responsibility and claim my right to a hearing in accordance with the policy of the unit responsible for the course in which the violation allegedly occurred. The appeal must be submitted, in writing to the appropriate office within the academic unit in which the violation occurred, within seven days of being notified in writing of the faculty member's decision concerning the violation. I understand that if circumstances warrant, the Dean of Students may also consider sanctions and a hearing with proper notification will be held to consider any additional sanctions. I understand that this form will be kept in a confidential file in the Office of the Dean of Students.

Student Signature _____

Mailing Address _____

Phone _____ Date _____

The student did not appear or was unavailable, or would not sign this form.

Faculty Initials

7. **Department Chair's Signature (if applicable)** _____

8. **Dean's Signature (if applicable)** _____

FOR UNDERGRADUATE STUDENTS SEND THIS FORM TO: Tralicia Powell Lewis
CE 350

FOR GRADUATE STUDENTS SEND THIS FORM TO: Sherry Queener
Graduate Office