



University of Findlay®

Academic Dishonesty Form

Step 1. Infraction Summary (to be completed by the reporting faculty member)

Student Name: _____ Student ID: _____

Year of Course:

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 Academic Period (e.g., Fall, Spring): _____

Course: _____ Course Name: _____
 Subject Code Number Section

Instructor(s): _____

Date the Academic Integrity Violation was discovered (mm/dd/yyyy): _____

Brief description of the violation: _____

Course of Action (Select all that apply):

- Student will receive academic counseling from the instructor.
- Student will complete the Academic Integrity Remediation course. (required for all first-time offenses)
- Student will receive a zero (0) grade on the associated assignment.
- Student will receive a grade of "F" for the course.
- Other: _____

Instructor Name	Instructor Signature	Date
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Please consult your College Delegate to proceed with the next steps.

Step 2. Academic Dishonesty History (to be completed by the College Delegate)

Information regarding previous violations is kept on file with the Registrar's Office.

Is this the Student's first offense? (circle/select one) **Yes** (Skip to Step 3) **No**

Level(s) and date(s) of previous charge(s): _____

Date(s) of remediation from prior charge(s): _____

Total Academic Dishonesty Points from prior charge(s): _____

Step 3. Infraction Information (to be completed by the College Delegate)

Level of Infraction (circle/select one): **One** **Two** **Three** **Four**

Type of Infraction: **Cheating** **Fabrication** **Plagiarism** **Facilitation** **Sabotage**
(circle/select all that apply)

Total Academic Dishonesty points, including points from prior charge(s): _____

Step 4. Meeting with Student, Instructor, College Delegate, and possible Student Advocate*
(to be completed by the College Delegate)

* Student Advocate must be a University of Findlay Faculty or Academic Advisor.

Date of Meeting (mm/dd/yyyy): _____ Setting (in-person, Zoom, etc.): _____

Meeting Attendance (please print)

Student: _____ Instructor: _____

Student Advocate: _____ College Delegate: _____

College Delegate's summary of the meeting: _____

I acknowledge that I attended this meeting and received the information regarding the Academic Integrity policy; this signature does not indicate an admission of guilt. (This acknowledgement can be made via email **with this statement**).

Student Signature: _____ Date: _____

_____ College Delegate Name

_____ College Delegate Signature

_____ Date

Submit this completed form, along with all supporting documents, to the Office of the Registrar