

ACADEMIC INTEGRITY INCIDENT REPORT



(This form must be completed within five business days of the alleged incident and sent to the parties listed on page 2)

Student Name: _____ ROCK ID: A 0 0 _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Instructor: _____

Department Name, Course Number, Section, and CRN: _____

Details of Allegation:

Is this the student's first violation? Yes No

(This question must be answered and faculty member must contact the Office of Student Conflict Resolution (carrie.kerr@sru.edu or leighann.datt@sru.edu) to determine whether or not this is the student's first violation. If this is not the student's first violation, the alleged act of academic dishonesty will be treated as a violation of the Student Code of conduct, and further sanctions will be imposed by the University.)

Date of Alleged Violation: _____

Time of Alleged Violation: _____

Location of Alleged Violation: _____

Details of Alleged Violation:

Witnesses: _____

Hard copy evidence (please provide copies if applicable):

Reasons why the allegation(s) violates [SRU's Academic Integrity Policy](#) (please provide copies of syllabus or other pertinent class instructions):

Instructor Imposed Sanction(s). Please check the applicable boxes:

- Fail the assessment instrument with no repeated attempts
- Fail the assessment instrument but allowed to attempt the assessment instrument again with a grade reduction
- Fail the assessment instrument but allowed to attempt the assessment instrument again with no grade reduction
- Fail the class
- No action
- Withdraw
- Essay/Paper
- Other/Explain _____

Signature of Instructor: _____ **Date Signed:** _____

A copy of this completed form must be immediately sent to:

- The Office of Student Conflict Resolution
- The Dean of the student's major

NOTE TO FACULTY: Within ten business days after the alleged violation, a copy of the incident report must be sent to the student, along with the course syllabus and SRU's Academic Integrity Policy.

NOTE TO STUDENT: The student has five business days from the receipt of this form to meet with the instructor **OR** make a written request to the Office of Student Conflict Resolution for a formal hearing. The office is located in Suite 8, Old Main, phone number 724-738-4985.

IMPORTANT: Failure to meet with the instructor or failure to file a written request for a formal hearing could **waive your rights** to a formal hearing and could signify your acceptance of both the allegations and sanctions.

University Recommended Sanctions. Please check the applicable boxes:

- Expulsion
- Suspension
- University service (optional)

Signature of Director of OSCR: _____

Date Signed: _____