

Academic Integrity Violation Accusation Form

Faculty Name: _____ Student Name: _____

Course Name and Number: _____ Semester: _____

Description of accusation or complaint and sanction (attach additional information as necessary):

Please check as appropriate:

Student does not agree with sanction - also select if student has not responded to accusation

Student and faculty member agree to the sanction

Student has not been contacted by faculty member

Refer directly to the Academic Integrity Committee due to the egregious nature of the offense

Additional Comments:

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

(Note: Student signature is not required for the submission of this form.)

Please submit this form directly to the AVPAA. Files ordinarily will be kept in the office of the AVPAA for five years or until one year after graduation. The files will be consulted only if a subsequent AIVAF has been filed by a faculty member.