**Academic Integrity Violation Report Form for Graduate Students**

*If you have questions, please contact the Office of Student Rights and Responsibilities at 336-334-4640.*

*This form should be filled out during the Faculty/Student Conference. Please read this document* carefully. When completed, it constitutes an agreement between the student and the University community. Failure to abide by agreements in this document may result in the student’s removal from UNCG.

*Student’s Name (please print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Student ID#*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *E-mail*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**I. Student rights and options for the Faculty-Student Conference:** THE ACCUSED STUDENT SHALL INITIAL BY ALL STATEMENTS BELOW SIGNIFYING THAT THE STUDENT HAS READ AND UNSERSTANDS EACH RIGHT:

\_\_\_\_\_\_\_ I, the student, understand that I have the right to postpone the conference with the faculty member for at most two (2) business days.

\_\_\_\_\_\_\_ I, the student, understand that I have the right to postpone entering my plea for at most two (2) business days.

\_\_\_\_\_\_\_ I, the student, understand that I am under no pressure, either overt or implied, to admit responsibility.

\_\_\_\_\_\_\_ I, the student, understand that if I do not admit responsibility, the matter will go through the Academic Integrity Panel Hearing Process.

\_\_\_\_\_\_\_ I, the student, understand that I cannot drop, nor grade replace a course in which an academic integrity violation is alleged or has occurred.

\_\_\_\_\_\_\_ I, the student, understand that I may consult with the Student Government Attorney General (234 EUC) and the Office of Student Rights and

Responsibilities (236B EUC, 336-334-4640).

\_\_\_\_\_\_\_ I, the student, understand that I may bring a silent support person to the Faculty-Student Conference.
\_\_\_\_\_\_\_ I, the student, understand that dishonesty as part of the Academic Integrity allegation process (including information shared during my Faculty- Student Conference) is itself a violation of the Academic Integrity Policy and I will be charged with falsification under the Academic Integrity Policy.

\_\_\_\_\_\_\_ I, the student, understand that as a graduate student an Academic Integrity violation could lead to the loss of funding provided by The Graduate

School to include assistantships, fellowships, scholarships, and other benefits such as tuition waiver and health insurance.

**II. Statement of Academic Integrity Violation:** *(To be completed by the faculty member)* I, the faculty member, believe that the student identified above has committed the following breach of the *Academic Integrity Policy* which is a violation of the University value of *Honesty.*

Cheating Facilitating Academic Dishonesty Falsification Misuse of Academic Resources Plagiarism Unauthorized Behaviors
 *Explanation/Description of violation:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.*
 *The alleged violation occurred in* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
 *(course number and section) (semester) (date violation occurred)*

**Grade related sanction**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
(Examples: redo assignment, 0 on assignment, lowered final grade for course, F in course, or no grade-related sanction)

**III. Student Plea:** THE ACCUSED STUDENT SHALL INITIAL BY ONE (1) CHOICE BELOW*.*

\_\_\_\_\_\_\_ A. I, the student, accept responsibility for this violation and the sanction(s) proposed by the faculty member, as described above. I understand that if this is my second proven or admitted violation, I will be either suspended or expelled from the University.

\_\_\_\_\_\_\_ B. I, the student, do not accept responsibility for the alleged violation and request that an Academic Integrity Hearing Panel review the allegation.

\_\_\_\_\_\_\_ C. You may enter a “Postponement of Plea”: Following the Faculty-Student Conference held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 I must enter a plea by 4:00 P.M. (*2 business days)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Accused Student Signature Date of Signature*

**IV. Failure to Respond:** If an accused student fails to respond to faculty notification of the Faculty-Student Conference via UNCG email address within five (5) business days or fails to enter a plea either during the Faculty-Student Conference or after entering a “Postponement of Plea”, the accused student will forfeit the options described above. In this case, the faculty member will make a decision based on the information available and the accused student may be found responsible of the violation. Any sanctions determined by the faculty member will subsequently go into effect. The student will be notified in writing of the outcome by the Office of Student Rights and Responsibilities.

 Please check here if a student failed to respond.

*Instructor’s Name: Dr. (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Instructor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Instructor’s Department & Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Instructor’s Signature Date of Signature

Please send this completed form and all supporting evidence to:
Office of Student Rights and Responsibilities, 236B Elliott University Center
academicintegrity.uncg.edu*

*osrr@uncg.edu
336-334-4640*