College of Education: Suspected Student Academic Misconduct Resolution Process

Student Name(s):		LIN #(s)	

Name(s) of Submitting Faculty Member(s):		Email(s):	
		Phone #(s):	

Nature of Suspected Misconduct: ❑ PLAGIARISM ❑ CHEATING ❑ DATA FALSIFICATION ❑ OTHER

Did the suspected misconduct occur in relation to a **course**?	❑ **YES.** (Please complete boxes on right.) ❑ **NO.** (Continue below.)	COURSE # & TITLE	
		YEAR TAKEN:	
		TERM (CHECK ONE.):	❑ Fall ❑ Spring ❑ Summer

Is the suspected misconduct related to a **research** project?	❑ **YES.** (Please complete boxes on right.) ❑ **NO.** (Continue below.)	WAS THE RESEARCH FUNDED?	❑ YES ❑ NO
		WERE HUMAN SUBJECTS INVOLVED?	❑ YES ❑ NO
		HAVE FALSE DATA BEEN SHARED PUBLICLY (FOR EXAMPLE, PRESENTATION OR PAPER)?	❑ YES ❑ NO

Please briefly describe what the student(s) did (with dates, if possible) and why you believe it is an act of academic misconduct. (Feel free to attach a separate document if you need additional space.)	

Have you met with the student(s) to discuss your suspicions and seek an informal resolution? (Check one.)	❑ YES ❑ NO	Date of that meeting:	

If you have met with the student(s), please describe the outcome of that meeting. (Feel free to attach a separate document if you need additional space.)	

Do you wish to continue to seek informal resolution?	❑ YES. (Please enter *informal resolution* date right.) ❑ NO. (Please enter **today's date** in box on right.)	Enter below the date by which you must notify the dean's office that this matter has been resolved or it should move forward automatically to the formal resolution process:

I hereby notify the dean's office of this suspected act of student academic misconduct as the required first stage of resolution under the COE Academic Integrity Policy.

_____
Faculty Signature(s) (above)

_____
Date signed:

ADMINISTRATIVE ACKNOWLEDGEMENT:

By signature, each person below acknowledges that the faculty member(s) above suspect(s) academic misconduct and that he/she/they either seek(s) to resolve it informally within the specified time period or wish(es) it to move immediately to consideration by the Office of Student Conduct and Community Expectations.

Department Chair:			
	Name	Date	Signature
Associate Dean:			
	Name	Date	Signature