

University of New Haven

Academic Integrity Incident Report and Resolution Form

Instructor/Supervisor Information

Name: _____

Phone/Extension: _____

Email: _____

Sanction Imposed by Instructor/Supervisor:

Further Action Taken by Dean of Students:

☐ I accept responsibility for the academic integrity violation described above. I accept the sanction imposed by the instructor/supervisor as indicated above, and waive my right to review by the Dean of Students and an appeal hearing before the Academic Integrity Board. I have read and do understand the University regulations in the *Student Handbook* that are applicable to this matter. I acknowledge my obligation to complete the educational training module on Academic Integrity administered by the Dean of Students.

☐ I accept responsibility for the academic integrity violation described above, but do not agree with the sanction imposed by the instructor/supervisor. I request a review by the Dean of Students.

☐ I do not accept responsibility for the academic integrity violation described above, and I request a review by the Dean of Students.

Instructor's/Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

(May be signed in the presence of the instructor *or* the Student Conduct Administrator)

☐ Referral to the Academic Integrity Board Date: _____

Please Send Completed Incident Report to:

Rebecca Johnson
Associate Vice President for Student Affairs and Dean of Students
Bartels Hall

Date Received: _____