

## **KU ACADEMIC DISHONESTY REPORT FORM**

The instructor shall make three (3) copies of this completed form: one for the instructor, one for the student, and one for the dean of the college in which the course is being taught. The original copy of the form, along with any relevant documentation, shall be hand-delivered to the Registrars within one (1) week of the date when the student returns the form to the instructor.

Student Res	pondent	
Name:		ID#:
Local address:	:	Local phone:
Instructor M	laking Complaint	
Name:		Dept.:
Position:		
Academic H	onesty Violation	
Date of violati	ion:	Course/Section:
Description of	the violation (Attach additional sho	eets as needed, including supportive data):
Proposed Sa	anction within the Course — u	up to failure in the course with a grade of "F"
Signatures of	of Complainant(s)	
J	. ,	Date:
(Instructor	of the course, signature required	1)
/O	-i	Date:
(Co-compia	ainant, if any; faculty member, st	udent, or administrator)
Date of Initia	al Meeting:	and well we this forms within three (2) done of this data)
TTI.	·	nust return this form within three (3) days of this date)
The com	plaining faculty member and studen	nt shall each retain a copy of this form after the initial meeting.
Signature of	Responding Student — Sign	exactly one of the following two options
Option #1:	I admit to the violation(s) described above and understand the sanction(s) to be imposed. I hereby waive my right to a formal hearing or an appeal on these accusations.	
Student:		Date:
Option #2:	I understand that I am accused of a violation of the Academic Honesty Policy and may be subject the sanction(s) described above. My signature indicates only that I have been notified of the accusation(s), not that I agree with them. I waive none of my rights.	
Student:		Date:
	orm Was Returned:	