REPORT OF STUDENT ACADEMIC DISHONESTY

Purpose: In order to maintain records of students who are found responsible for academic dishonesty, the Vice Chancellor for Student Affairs office invites you to complete this form. If the student is found responsible for academic dishonesty again in the future, a faculty member or judicial officer may take the information from this record into consideration when determining an appropriate sanction against the student. Please submit this form to the Vice Chancellor for Student Affairs office by sending it through campus mail, faxing it (974-7691), dropping it off in Room 208 of the Student Services Building, or sending it as an email attachment to Jim Mellon at mellon@hawaii.edu.

Name of Student __________________________________________________

Student’s ID Number _______________________________________________

Briefly describe the circumstances in which the student was found responsible for academic dishonesty.

What action did you take to hold the student responsible for academic dishonesty? (check one)

___ Required the student to re-do the assignment
___ Gave the student a failing or reduced grade for the assignment
___ Gave a failing or reduced grade for the course
___ Other (explain) ____________________________________________________

Course Alpha/Number: _____________________ Semester/Year: _________________

Any additional comments:

To the Student: By signing below, I acknowledge that I have read this form.

Signature of Student ________________________________________________

Date _____________________________________________________________

Name of Professor/Instructor (please print) ____________________________

Signature of Professor/Instructor _____________________________________

Department _______________________________________________________

Date ___________________________________________________________________

3/2/2007