



CSN STUDENT ACADEMIC INTEGRITY REPORT

Please send this form to the Student Conduct Officer, **West Charleston** – W14D, Fax: 651-5041, **Cheyenne** – C1C, Fax: 651-4416, **Henderson** – H1C, Fax: 651-3503, **Online** – H1C, Fax: 651-3503. *This report is placed in the student's temporary disciplinary file but does not become a part of the student's permanent academic record unless so noted in sanctions.*

STUDENT: _____ **DATE:** _____

Contact Telephone Number (if available): _____ **NSHE ID Number** _____

PRIMARY INSTRUCTOR / DESIGNEE: _____

Office: _____ Telephone: _____ Sort Code: _____

Email address: _____ Course Number / Section: _____

Semester / Year _____ Date of Incident: _____

ALLEGED ACADEMIC DISHONESTY VIOLATIONS: Check applicable items below

<input type="checkbox"/> A. Plagiarism	<input type="checkbox"/> D. Falsifying information
<input type="checkbox"/> B. Receiving External Assistance during any academic activity (i.e., providing aid; use of camera telephones, text messages; materials from previous classes; working with others on examinations without express permission of instructor; possessing, buying/selling materials for assignments without consent of instructor)	<input type="checkbox"/> E. Attempting to influence or change any academic materials
	<input type="checkbox"/> F. Falsifying or misrepresenting any hours/activities related to internships, clinical activities, etc.
	<input type="checkbox"/> G. Acting as a substitute for another student or using another person as a substitute in any academic activity
<input type="checkbox"/> C. Turning in the same work in more than one class (without instructor's permission)	<input type="checkbox"/> H. Facilitating, permitting or tolerating any of items A. through G.
DESCRIPTION OF ALLEGED VIOLATION(S) AND/OR ATTACHMENTS. DESCRIBE THE BASIS FOR YOUR CONCLUSION AND PROVIDE AND ATTACH DOCUMENTATION THAT A VIOLATION HAS OCCURRED.	

PROPOSED SANCTION(S):

A. Proposed Academic Sanctions (to be filled in by faculty or designee)

<input type="checkbox"/> 1. Resubmitting an assignment	<input type="checkbox"/> 3. Reduction of points/letter grade for the course
<input type="checkbox"/> 2. Reduction of points/letter grade for the assignment or other activity	<input type="checkbox"/> 4. Failing grade for assignment or other activity
	<input type="checkbox"/> 5. Failing grade for course

B. Requested Conduct Sanctions (if applicable, to be filled in by SCO or designee)

<input type="checkbox"/> 1. Academic Integrity Seminar	<input type="checkbox"/> 6. Recommendation for withdrawal of credit for previously accepted course or requirement
<input type="checkbox"/> 2. Reflection letter of understanding written by student	<input type="checkbox"/> 7. Transcript notation
<input type="checkbox"/> 3. Disciplinary warning or probation	<input type="checkbox"/> 8. Recommendation for revocation of a degree of certificate
<input type="checkbox"/> 4. Suspension or expulsion (approved by College President)	<input type="checkbox"/> 9. Referral to the appropriate legal authorities
<input type="checkbox"/> 5. Administrative removal from a course	

COMMENTS: _____

DECISION: Initial Meeting Chair/Director Meeting Appeal Board College President **MEETING DATE:** _____

<input type="checkbox"/> 1. The allegation is dismissed	<input type="checkbox"/> 4. The student accepts responsibility for the violation, but disagrees with the academic sanction(s) and requests a hearing regarding the sanction(s).
<input type="checkbox"/> 2. The student accepts responsibility for the violation and accepts the academic sanction(s)	
<input type="checkbox"/> 3. The primary instructor/designee believes a violation occurred, and the student disagrees and requests a hearing	<input type="checkbox"/> 5. Student declines "Initial Meeting" Date: _____
COMMENTS: _____	

Student Signature: _____ Date: _____

Instructor/Designee Signature: _____ Date: _____

Chair/Director Signature (if required): _____ Date: _____

Dean/Director Signature (if required): _____ Date: _____

College President's Signature (if required): _____ Date: _____