

Chattanooga State Community College

Academic Integrity Violation Report

To be completed by faculty / staff member:

Submitted by: _____

Office phone: _____

Date of Incident: _____

Course: _____

Name of student: _____

Student ID#: _____

Description of the incident: _____

Possible penalties/sanctions: _____

Description of the action taken by the faculty/staff member: _____

To be completed by faculty/staff member – check and initial where appropriate:

I, the faculty/staff member, have attached the supporting documentation that is required.

Yes: ____ No: ____ (please initial) _____

I, the faculty/staff member, have notified the appropriate department chairperson of the action.

Yes: ____ No: ____ (please initial) _____

I, the faculty/staff member, have notified the student and scheduled a conference with him/her.

Yes: ____ No: ____ (please initial) _____

I, the faculty/staff member, have presented the student with a copy of the Academic Integrity Violation Report and supporting documentation.

Yes: ____ No: ____ (please initial) _____

I, the faculty/staff member, have discussed the contents of the Academic Integrity Violation Report with the student and have notified him/her of possible sanctions.

Yes: ____ No: ____ (please initial) _____

I, the faculty/staff member, have given the student a chance to respond to this claim in writing.

Yes: ____ No: ____ (please initial) _____

I, the faculty/staff member, have notified the student of his/her right to due process.

Yes: ____ No: ____ (please initial) _____

I, the faculty/staff member, have provided the student with a copy of the official procedures he/she is to follow to request a hearing.

Yes: ____ No: ____ (please initial) _____

To be completed by the student:

I, the student, accept responsibility for the actions specified on this report.

Yes: ____ No: ____ (please initial) _____

If no, a written response must be attached.

I, the student, have been informed of the possible penalties/sanctions.

Yes: ____ No: ____ (please initial) _____

I, the student, have been notified of my right to due process.

Yes: ____ No: ____ (please initial) _____

I, the student, have been given the opportunity to respond to this claim in writing.

Yes: ____ No: ____ (please initial) _____

I, the student, have been provided with the procedures in writing to request a formal hearing.

Yes: ____ No: ____ (please initial) _____

I, the student, elect to request a formal hearing and agree to follow the procedures provided by the faculty/staff member.

Yes: ____ No: ____ (please initial) _____

I, the student, waive my rights to a formal hearing.

Yes: ____ No: ____ (please initial) _____

This report will be filed as a first offense report but will not be used as a formal judicial charge unless further incidents are reported or additional judicial review indicates that necessity. In the event that the faculty member or the judicial officer requests judicial review, student rights to due process and judicial hearing information will be explained in a judicial conference.

Student's Signature: _____

Date: _____

Faculty's Signature: _____

Date: _____