



## INFORMATION

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Email \_\_\_\_\_

Course \_\_\_\_\_ Course Semester and Year \_\_\_\_\_  
pre x, num er and section

Instructor \_\_\_\_\_ Instructor Email \_\_\_\_\_

## STUDENT RESPONSIBILITY

The student and instructor agree a violation did not occur.

The student denies responsibility for violation.

The student accepts responsibility for violation.

The student admits responsibility for the action but denies it is a violation.

The student failed to appear at scheduled meeting.

The student did not respond within the 5-business-day window.

Other \_\_\_\_\_

## SANCTION

Resubmission of the assignment. Due by \_\_\_\_\_

No credit for the assignment

Reduced credit for the assignment (please explain) \_\_\_\_\_

## SIGNATURES

By signing below, I indicate that I have discussed the incident with my instructor and agree that the information above is accurate. I understand that I may appeal this decision to the Academic Integrity Council.

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_