



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

ACADEMIC MISCONDUCT REPORT

Faculty Member's Name/Department: _____

Faculty Extension: _____

Student's Name: _____ Student ID# _____

Course Number/Title: _____ Semester/Year: _____

Date(s) of faculty/student meeting(s): _____ (Submit to Judicial Officer and Registrar within three working days if applicable) **THIS MEETING IS MANDATORY.**

Description of incident (*Please attach any necessary information*):

The student has been informed of his/her rights as described in the *Eastern Student Handbook* regarding the right to appeal to the Academic Misconduct Appeals Committee?

Yes No

The student is advised to review the Academic Misconduct Policy. Student appeals should be filed with the Judicial Officer.

The student acknowledges a violation of the Academic Misconduct Policy? Yes No

The sanction imposed by the instructor: _____

Does the instructor request that the Committee consider imposition of additional sanction(s)?

Yes No

Does the student wish to appeal the instructor's finding of Misconduct? Yes No

Instructor's Signature: _____ Date: _____

Sent to University Judicial Officer on: _____

Sent to Registrar on: _____

