

**ACADEMIC DISHONESTY REFERRAL FORM**

When referring a student for academic dishonesty, please complete and return this form to the Office of the Vice President for Student Affairs, Nelson Hall East, and Room 216. Any questions regarding this form or the referral process should be directed to that office.

Student Name: \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
Address: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Office phone: \_\_\_\_\_

Course Name and Number: \_\_\_\_\_

Description and date of incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Faculty/Student Conference: \_\_\_\_\_

Action taken or planned:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include documentation with your report.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read this referral and any attached documents. I understand that I should contact the Office of the Vice President for student Affairs in Room 216 Nelson Hall East, 826-3361, to further discuss this matter. If I do not do so, I will be contacted by that office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Student, Faculty Member, and Student's Major Department