



ACADEMIC INTEGRITY INCIDENT REPORT

The Instructor must complete Section A of this form. Forms should be submitted to the Office of Student Conduct within TEN (10) working days whenever possible from the date on which the incident occurred. The form must be completed in ink. Please print.

SECTION A: (To be completed by the Instructor)

Student's Last Name: _____ First Name: _____ Initials: _____

Student ID Number: _____ Date of Incident: (dd/mm/yyyy) _____

Course Name: _____ Course Number: _____ Course section: _____

Name of Instructor: _____ Signature of Instructor: _____

Brief description of Incident: (Please attach separate sheet if insufficient space) _____

Has Dean/Director/Chair been consulted in process? Yes No

Sanction agreed upon by both the Instructor and Student (Please attach separate sheet if insufficient space): _____

Date Sanction to be completed (if applicable): (dd/mm/yyyy) _____

Was recommendation completed? Yes No If no, specify further actions: _____

SECTION B: (To be completed by the Student)

Do you agree with the description of the incident as reported by the Instructor?

Yes No If No, please provide a brief description of the incident (please attach separate sheet if insufficient space).

Do you accept the terms of the sanction as defined by the Instructor? Yes No

In all cases you must sign and date this document as recognition that you have been informed of the incident being reported.

Student Signature

Date (dd/mm/yyyy)

SECTION C: (To be completed by the Office of Student Conduct)

Is this the first incident of Academic Misconduct?

Yes No If no please provide brief description of other incident(s): _____

Incident # _____

To be completed by the Office of Student Conduct

Authorized Signature

Date (dd/mm/yyyy)

Is the Office of Student Conduct recommending further action be taken?

No

Authorized Signature

Date Incident Report Finalized (dd/mm/yyyy)

Yes If Yes, please provide brief description of recommendation _____

Date Incident Report forwarded to Academic Integrity Review Board: (dd/mm/yyyy) _____

SECTION D: (To be completed by the Academic Integrity Review Board)

Decision of the Board is: _____

Signature of Academic Integrity Review Board Chairperson

Date (dd/mm/yyyy)

President Signature required only if the recommendation is:

Rescission of Credential Dismissal Suspension Expulsion

Signature of President

Date (dd/mm/yyyy)

Freedom of Information and Protection of Privacy: The information that you provide on this form is collected under the authority of the Colleges Act and the Freedom of Information and Protection of Privacy Act of the Province of Alberta. It will be used for identification purposes and to process the request outlined on this form. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the Collection or use of this information, contact the Registrar, A101, Kerby Hall, (403) 440-6346.