ACADEMIC INTEGRITY REPORTING FORM

(RO-6/26)

Registrar's Office • 200 High Street • Glenville, WV 26351 • 304-462-4117 • FAX 304-462-8619 • registrar@glenville.edu

To be completed by instructor:

Student Name: _____ Student GSU ID#: _____

Instructor Name: _____Semester: _____

CRN, CRS, SUBJ _____ Title: _____

Date of Incident/Discovery: _____ More than one incident? ☐ Yes ☐ No

Participants or Witness(es) (*if applicable*): _____

This incident is the ☐ First offense ☐ Second offense in this class.

This incident is the ☐ First offense ☐ Second offense ☐ Third offense at the University.

Description of alleged violation(s) (attach additional sheets as needed): _____

_____

_____

_____

_____

_____

_____

Proposed Sanction:

☐ Zero/Failing grade for assignment ☐ Resubmission of assignment ☐ Failing grade for the class

Other: _____

_____

_____

Instructor Signature: _____Report Date: _____