



This form must be submitted to the Provost within five instructional days from the time the incident of academic dishonesty was discovered.

To be completed by instructor:

Student Name: _____ Student GSU ID#: _____

Instructor Name: _____ Semester: _____

CRN, CRS, SUBJ _____ Title: _____

Report Date: _____ Date(s) of Incident/Discovery: _____

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

Incidents in this class: First offense Second offense Third offense

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

Supporting evidence of violation and course syllabus must be attached.

Proposed Sanction:

Zero/Failing grade for assignment Failing grade for the class Other: _____

I have met with the student about this incident. Date: _____

I have been unable to meet with the student. Attempted contact date(s): _____

I have provided a copy of this report and supporting evidence to the student. Date: _____

Instructor Signature: _____ Date: _____