

**The University of Tampa**  
**Reporting Form for Academic Integrity Violations and Academic Misconduct**

**Part I: Record of Incident** (To be completed by instructor)

Faculty Member's Name \_\_\_\_\_ Date \_\_\_\_\_  
Course Name \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_  
Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Description of incident (continue on the back of this form, if necessary)

Previous violation \_\_\_\_\_

Sanction imposed for this violation

If the imposed sanction is an F in the course, the course cannot be repeated under the forgiveness policy \_\_\_\_\_ (student's initial)

**Part II: Statement of Student** (To be completed by student)

I understand the charges and have discussed the incident and the evidence with the instructor. I understand that this document will be maintained in my file in the Office of Student Conduct. I elect the following:

\_\_\_\_\_ I accept the decision of the instructor and agree to abide by all imposed sanctions.

\_\_\_\_\_ I wish to have my case referred to the Office of the Associate Provost for adjudication. I understand that I must make an appointment with the Office of the Associate Provost within two business days of the date on this form.

**Part III: Verification of Record of Conduct** (To be completed by the Office of the Associate Provost)

Verification Date \_\_\_\_\_ Associate Provost Representative \_\_\_\_\_

\_\_\_\_\_ A record of previous academic integrity violation(s) or a present status of University conduct involving continuance of the student exists.

\_\_\_\_\_ No previous record exists.

**Part IV: Signatures**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
Associate Provost Signature \_\_\_\_\_ Date \_\_\_\_\_

(This original form will stay in the Office of the Associate Provost and a copy will be sent to the Office of Student Conduct)