

The University of Tampa

Reporting Form for Academic Integrity Violations and Academic Misconduct

RECORD OF INCIDENT (To be completed by instructor)

Student Name: _____ Student ID #: _____

Faculty Name: _____ Dept: _____

Course Code: _____ Section: _____ Student Classification: _____

Date of Incident: _____ Term the violation occurred: _____

Description of Incident (continue on a separate page, if necessary):

Sanction imposed for this violation: _____

Prior to the start of the meeting, the academic witness must complete the statement below. The academic witness must be a full-time faculty member.

STATEMENT OF ACADEMIC WITNESS

In serving as the academic witness for this meeting, I, _____
(academic witness name)

pledge to remain a neutral observer to the conversation between faculty and student. I will not participate in the decision of the faculty member with regard to the nature of the alleged violation or the assignment of a sanction for the violation. SIGNATURE: _____ DATE: _____

The student has one business day from the time of this meeting to complete the statement below and return it to the faculty member. If the student fails to return the form to the faculty member within one business day, it will be assumed that the student accepts the sanction and a copy of the form will be forwarded to the Office of the Associate Provost.

Student's Initials:

The University of Tampa

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STATEMENT OF STUDENT (To be completed by student)

The student may not withdraw from the course once an AI violation is recorded. This course may not be repeated under the grade forgiveness policy if the student is found to be in violation of the AI policy. **Student's initials:** _____

I understand the AI violation and have discussed the incident and the evidence with the instructor. I understand that this document will be maintained in the Office of the Associate Provost. 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 Academic Integrity Committee for adjudication. I understand I must submit written supporting documents or arguments to the Office of the Associate Provost (AssociateProvost@ut.edu).

VERIFICATION OF RECORD OF CONDUCT (To be completed by the Office of the Associate Provost)

Verification Date: _____ Associate Provost Representative: _____

Recorded # of previous AI violations: _____ Date received: _____

*****Please note that the Office of the Associate Provost cannot accept forms unless they are completely filled out, and accompanied by the syllabus and the supporting evidence (i.e. exam, essay, etc).*****

SIGNATURES

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Academic Witness Signature: _____ Date: _____

INSTRUCTIONS FOR SUBMITTING THE FORM:

This form must be uploaded to Advocate. The Office of the Associate Provost does not accept paper files or emails.