Faculty Report Form

It is necessary to complete this form to report an incident of suspected and/or resolved academic dishonesty. Make a copy for your records and forward the original, along with copies of all available supporting documentation, to the:

Office of the Academic Integrity Officer
Queensborough Community College (L-419)

Instructor Name: _____________________
Dept: ________________ Tel.No: ________________ email: _____________________
Course: ________________ Section: ________________ Semester: ________________
Student Name: ________________ Student ID: ________________
Date of Incident: ________________
Type of Incident: _______ Cheating _______ Plagiarism _______ Other
Description of Incident: ______________________________________________________

Did the student admit to the charge of cheating, plagiarism or other act of academic dishonesty? Yes ______ No _______ Student could not be contacted _______
Explanation ________________________________________________________________

Explanation of recommended sanction _______________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature of Faculty Member: ________________ Date: ________________

Resolution of the Case after Adjudication
Academic sanction ____________________________________________________________
Disciplinary sanction __________________________________________________________
Signature of Academic Integrity Officer: ________________ Date: ________________