

Academic Integrity Policy (2011-03) Violation Report Form

OFFICE OF THE REGISTRAR

Signature of faculty member

901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 (206) 220-8030 Fax: (206) 296-2443 Email: registrar@seattleu.edu

Faculty Member's Name:	
Course:	
Quarter:	
Student Name:	
Seattle University ID:	
Date of Violation:	
<u>Detailed Description of Violation:</u> (Please refer to the <u>Academic Integrity Poli</u>	cy for a description of prohibited conduct.)
Description of Penalties Imposed by Facu (Please refer to the Academic Integrity Poli	Ity Member: Ly Member: Sy for a description of the penalties that may be imposed by a faculty member.)
Faculty Member's Recommendations Reg (Please refer to the Academic Integrity Politics) designee or the provost.)	garding Further Penalties: by for description of further action or penalties that may be imposed by the dean, his or hele

The faculty member should deliver a copy of this form and supporting materials to the student and to the dean's designee and chair of the department in which the course is offered.

Date