

WINGATE UNIVERSITY ACADEMIC HONOR CODE INCIDENT REPORT FORM

SECTION A: TO BE COMPLETED BY THE PROFESSOR AND SHARED WITH THE STUDENT.

Faculty Name: _____

_____ Faculty Office #: _____ Faculty Phone Extension: _____

_____ Semester (circle one): Fall Spring Summer Session 1 Summer

Session 2 Year: _____ Course: _____ Section #: _____ Date of Incident: _____

_____ Date of Discussion: _____ The following student is charged with a violation(s) of academic integrity as checked below:

Student Name: _____

Student ID #: _____ Phone Number: _____

Violation (check one)	_____ Failure to report a probable academic violation
_____ Plagiarism	_____ Facilitating academic dishonesty
_____ Cheating	_____ Providing false information
_____ Misuse of Electronic Information	

SECTION B: TO BE COMPLETED BY THE STUDENT.

_____ I understand the charge(s) against me listed above and **accept responsibility** for violating Wingate's Honor Code. I understand that my professor will assign course sanctions, which cannot be appealed, and will submit a record of this violation to the Vice Provost for Student Engagement who will determine institutional sanctions.

_____ I **do not accept responsibility** for this violation. I understand my case will be forwarded to Director of Community Standards who will review the case and schedule an Honor Council or administrative hearing where I may present evidence and invite witnesses to support my position.

Student Signature: _____ Date: _____

SECTION C: TO BE COMPLETED BY THE PROFESSOR AND/OR THE DIRECTOR OF COMMUNITY STANDARDS.

1. The following course sanctions were imposed: _____

THIS FORM SHOULD BE RETURNED TO THE OFFICE OF COMMUNITY STANDARDS WITHIN TEN (10) DAYS OF THE DATE OF DISCUSSION LISTED ABOVE.

SCANNED COPY CAN BE EMAILED TO COMMUNITYSTANDARDS@WINGATE.EDU