



**UNIVERSITY OF NORTH FLORIDA**

**Academic Misconduct Reporting Form**

Upon completion, please forward this form to the Executive Assistant to the Provost in Academic Affairs. The faculty member and the appropriate department chair should always sign the form. The appropriate College Dean will also sign the form if the recommendation is for the temporary or permanent loss of a University facility or for suspension. The Academic Vice President will also sign the form if the recommendation is for expulsion from UNF.

Student's Name \_\_\_\_\_ Number \_\_\_\_\_

Term/Year \_\_\_\_\_ Course Number/Section \_\_\_\_\_

Faculty Name \_\_\_\_\_ Date of Incident \_\_\_\_\_

**Nature of Incident:**

**Penalty Assigned or Recommended (check all that apply)**

Referral to the appropriate support service (Counseling, Advising, other assistance).

Please clarify:

Assignment of a grade reduction on an academic exercise.

Original Grade \_\_\_\_\_ New Grade \_\_\_\_\_

Assignment of a final letter grade reduction for the course.

Original Grade \_\_\_\_\_ New Grade \_\_\_\_\_

**Penalty Assigned or Recommended (check all that apply) (cont'd)**

Assignment of an unforgivable 'F' for the course (will permanently remain in the academic record).

Referral to Student Affairs for a violation of the Student Conduct Code

Loss of a University facility

For a time period of \_\_\_\_\_ or permanently (Requires approval of Chair and Dean)

Recommendation for suspension from College      Department      Program

For time period of \_\_\_\_\_ or permanently (Requires approval of Chair and Dean)

Recommendation for expulsion from UNF (Requires approval of Chair, Dean, and Academic Vice President)

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I affirm by my signature that I understand the rights and options as described in the Academic Misconduct Policies.

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean \_\_\_\_\_ Date \_\_\_\_\_

(if required)

Signature of Academic Vice President \_\_\_\_\_ Date \_\_\_\_\_

(if required)

Office Use

Processed by \_\_\_\_\_ Date \_\_\_\_\_