

**Form 3- Final Incident Report for Breach of Academic Integrity**

Student Name:

Student ID Number:

Student Email: **@lakeheadu.ca**

Instructor Name:

Department:

Course #:

Term/Year:

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| Incident Involved Multiple Students: Yes No  If yes, provide names of others involved. | |
| **Breach of Academic Integrity Details:**  Plagiarism  Possession or use of unauthorized materials  Facilitation  Forgery  Falsification  Interference  Unauthorized collaboration or communication  Other | **Incident Occurred:**  Application Period  Course Work  Practicum, Placement,  Internship  Final Examination:  Online  Fieldhouse  Classroom  Take home |
| Any previous breach of Academic Integrity on file: Yes  No  If yes, provide details (course(s), dates, instructors, sanctions, etc.). | |
| Date of Meeting with Student to discuss the incident: | |
| Attendees at the meeting: | |

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| Notes on Student’s Response to the Allegation(s): |
| **Findings based on preponderance of evidence:**  Upheld  Dismissed |
| **Sanction(s) Imposed:**  Official Warning  Submit revised or new piece of work  Reduction of mark on piece(s) of academic work  Mark of zero for the piece(s) of academic work  Reduction of the course grade  Completion of an educational program/workshop  \*Ineligibility for supplemental exam or any other evaluative exercise for the course  \*Zero (F) for the course with a transcript notation of “Academic Dishonesty”  \*Denial of permission to use facilities of the University for period of time  \*\*Suspension for a period not to exceed six (6) academic terms  \*\*Expulsion from Program/School, Faculty or the University  \*\*Rescission of a degree, diploma, or certificate  **These sanctions require approval of the \*Dean or \*\*Provost and/or President as per** ***Academic Integrity - Section VI: Sanctions and Factors to Consider When Assigning A Sanction***  **Details:** |

This form will be filed with the Office of Student Affairs. The information contained herein will be released to Faculty Member/Instructor, Department Chair/School Director or Dean of any faculty for use in assessment of any subsequent upheld breach of Academic Integrity. It may also be considered in other judicial processes if deemed relevant.

**Your Name** **Date**

**Title, Contact Information**

Submit to Manager, Student Conduct & Case Management ([studentconduct@lakeheadu.ca](mailto:studentconduct@lakeheadu.ca) ) Office of Student Affairs, ATAC 5031D