



Professional and Continuing Education

# ALLEGATION OF ACADEMIC MISCONDUCT

Instructor \_\_\_\_\_ Program \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_

## STUDENTS INVOLVED

Name _____	Course _____	Term _____
Name _____	Course _____	Term _____
Name _____	Course _____	Term _____
Name _____	Course _____	Term _____

## ALLEGED VIOLATION(S)

☐ Plagiarism    ☐ Cheating    ☐ Unauthorized Collaboration    ☐ Other \_\_\_\_\_

## DESCRIPTION OF VIOLATION

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form with the following:

- Class Syllabus
- Original Student Work
- Supporting Documentation

Submit to:

Program Director  
PACE  
440J Pawley Hall