ACADEMIC INTEGRITY
VIOLATION PRELIMINARY WORK SHEET

To be completed by the involved Faculty Member.

**Instructor**
Name: ___________________________________________________________ Date: ___________________
Office: __________________________________________________________ Phone: ___________________

**Student**
Name: ___________________________________________________________ ID# _______________________
Status: Undergraduate  Graduate  Other: ________________________________________________
Major: ___________________________________ Minor: _____________________________________

A. Check one or more:
   a) Unauthorized assistance on examination
   b) Falsification or invention of data
   c) Unauthorized collaboration on an academic exercise
   d) Plagiarism
   e) Misappropriation of resource materials
   f) Unauthorized access of an instructor’s files or computer account
   g) Other serious violation of academic integrity as established by the instructor (specify)

   __________________________________________________________________________________

B. Description of events that led to allegation of academic integrity violation; add pages as necessary.
   (e.g., date of the alleged violation, grounds for allegation, evidence, etc. Attach relevant documents including course syllabus.)

   __________________________________________________________________________________

C. Are there Witnesses to the Allegation?  Yes  No

Notes:  
1. Witnesses may reserve the right to remain anonymous.
2. If there are witnesses, please give names and phone numbers (if known) to your appropriate Assoc./Asst. Dean via separate correspondence.
3. Witnesses are not essential in reporting a violation. In those situations where witnesses are available, it may be important to the hearing committee process.
D. Summary of Contact (Required) with Student and Students Response to Allegations.

Notes:  1. Unless it clearly appears that there has been no violation of Academic Integrity policy, the instructor or supervisor must contact the person who may have engaged in the dishonest act and give that person the opportunity to deny or explain the events with respect to the allegations. If the person fails to respond, then the instructor or supervisor will notify the appropriate dean who will attempt to contact the person on behalf of the instructor or supervisor. (See the University of San Diego Faculty/Administrator Handbook for amplification.)

2. Discuss any new information that was gained after discussing the situation with the student(s) involved.

Contact Date: _____________________________
Summary:

E. Instructor’s Recommendation after contact with student (Infraction or Serious Violation)

Refer to Committee as it is probable that a Serious Violation has occurred.
- The probable Serious Violation was: ________________________________________________________
- The Sanction imposed by the instructor was: ________________________________________________

There was an Infraction.
- The Infraction was: _____________________________________________________________________
- The Sanction imposed by the instructor was: ________________________________________________

There was no violation.

Notes:  1. A Serious Violation includes unauthorized assistance on examination, falsification or invention of data, unauthorized collaboration on an academic exercise, plagiarism, misappropriation of resource materials, unauthorized access of an instructor’s files or computer account, other serious violation of academic integrity as established by the instructor.

2. An Infraction can be: a. Any unintentional act which, if it had been intentional, would be a Serious Violation, and, b. Any violations of the rules or policies established for a course or academic exercise by the course instructor or supervisor of the academic exercises an Infraction in that course or exercise if such a violation would not constitute a Serious Violation.

3. Sanctions that may be applied for an infraction include, but are not restricted to, reduction in grade, withdrawal from the course, requirement to retake part or all of the course, additional work.

Reference for notes: University of San Diego Faculty/Administrator Handbook.

Faculty Signature                                                                                                                          Date

Revised 1/08 Original to applicable Dean’s Office; Dean’s Office will copy to student and instructor.
ACADEMIC INTEGRITY - INFRACTION
ASSOCIATE DEAN STUDENT CONTACT WORKSHEET

To be completed by the governing college/school Associate/Assistant Dean

**Associate/Assistant Dean**

Name: __________________________________ Date: __________________
Office: __________________________________ Phone: __________________

**Student**

Name: __________________________________ ID#: __________________
Address: ___________________________________________________________________

Local Telephone No: __________________ Proposed date of Graduation ______

Circle status: ROTC  Navy  Army  Air Force  (Note: Please notify appropriate ROTC Units.)

**A. Summary of contact with Student and Student Response to Allegations.**

Contact Date: __________________________________

___ Student received a copy of USD’s Academic Integrity Policy

___ Student received a copy of the Faculty’s preliminary worksheet

________________ (Initial) Student accepts Infraction

Associate Dean Signature and Date

**B. Student Acknowledgement**

*Signing this form signifies that you have seen and been given a copy of this form, discussed the allegations with the instructor, and been given a copy of the USD Academic Integrity policy. This information will be kept confidential unless you request an open hearing. Signing this form does not imply, nor will a hearing committee infer, an admission of violation on your part. Refusal to sign will be noted.*

Student Signature ______________________ Date ___________________
ACADEMIC INTEGRITY-VIOLATION
ASSOCIATE DEAN STUDENT CONTACT WORKSHEET

To be completed by the governing college/school Associate/Assistant Dean

Associate/Assistant Dean

Name:____________________________________________Date:______________________
Office:____________________________________________Phone: ____________________

Student

Name:____________________________________________ID#_______________________
Address:____________________________________________________________________

Local Telephone No:_______________________Proposed date of Graduation________

Circle status: ROTC  Navy  Army  Air Force  (Note: Please notify appropriate ROTC Units.)

A. Summary of contact with Student and Student Response to Allegations.

Contact Date:________________________________________

___ Student received a copy of USD’s Academic Integrity Policy
___ Student received a copy of the Faculty’s preliminary worksheet

Associate Dean Signature and Date

B. Student Acknowledgement

Signing this form signifies that you have seen and been given a copy of this form, discussed the allegations with the instructor, and been given a copy of the USD Academic Integrity policy. This information will be kept confidential unless you request an open hearing. Signing this form does not imply, nor will a hearing committee infer, an admission of violation on your part. Refusal to sign will be noted.

Student Signature       Date
ACADEMIC INTEGRITY
VIOLATION HEARING REPORT
To be completed by the Academic Integrity Hearing Committee

Student Name: ___________________________________________ ID# ____________________

A. The committee finds

___ There was no infraction or serious violation.

___ There was an infraction. The matter is remanded to the instructor for appropriate sanctions.

___ There was a serious violation. The Sanction is described below. Sanctions may include, but are not limited to, expulsion, suspension up to one year, Letter of Censure, probation. See USD Faculty Handbook for complete details.

B. Sanction Imposed

Note: Please indicate below whether you agree or disagree with the findings above.

C. Committee Composition

☐ Agree ______________________    ______________________    ___________
☐ Disagree Committee Chair Signature  Committee Chair Name  Date

☐ Agree ______________________    ______________________    ___________
☐ Disagree Hearing Member Signature  Hearing Member Name  Date

☐ Agree ______________________    ______________________    ___________
☐ Disagree Hearing Member Signature  Hearing Member Name  Date

☐ Agree ______________________    ______________________    ___________
☐ Disagree Hearing Member Signature  Hearing Member Name  Date

☐ Agree ______________________    ______________________    ___________
☐ Disagree Hearing Member Signature  Hearing Member Name  Date

☐ Agree ______________________    ______________________    ___________
☐ Disagree Hearing Member Signature  Hearing Member Name  Date

☐ Agree ______________________    ______________________    ___________
☐ Disagree Hearing Member Signature  Hearing Member Name  Date