Central Ohio Technical College Report of Academic Misconduct

| Name of Student: | ID #: |
|---|---|
| Student Email: | |
| Title of Course: | Course #: |
| Name of Course Instructor: | Contact: |
| Name of Division Chair: | |
| Date/Time of Incident: | |
| Type of academic misconduct (refer to Code of Studer | nt Conduct for definitions): |
| □ Violation of Course Rules/Syllabus □ Unauthorized assistance lab/field work/assignment □ Repeating work without permission □ Substitute for a student in any graded assignment □ Alteration of academically related forms/records □ Violation of program regulations | □ Examinations – unauthorized materials/info □ Plagiarism □ Falsification of lab/research/assignment □ Alteration of grade or mark by student □ Activity that unfairly creates disadvantage |
| Description of Incident (Please include a copy of all su pages if needed): | pporting documentation/attach additional |
| As instructor of the above course, I believe an act of a after consultation with my Division chair, recommend | |
| □ Warning (FYI filed with the Office of Student Life) – if □ Referral to the Office of Student Life (Student Condu | |
| Instructor's signature: | Date: |

Please submit this form and all supporting documentation to the Office of Student Life, Warner 226 or hmason@cotc.edu. The Office of Student Life will notify the instructor within five (5) business days from receipt of the documentation to verify all necessary documents have been submitted.