

University of Pittsburgh Bradford

Academic Integrity Violation Report Form

Student Name: _____

Course No: _____

Student ID: _____

Course Name: _____

Date of Incident: _____

Faculty Name: _____

Term of Incident: _____

Faculty Phone/E-mail: _____

Brief description of violation (if necessary, additional sheets may be used).

Brief description of discussion held with student(s).

Sanction determined by instructor.

Student's Signature Accepting Sanction

Instructor's Signature Accepting Sanction

SEND TO:

Dr. David Fitz, Interim VP and Dean of Academic Affairs
University of Pittsburgh Bradford
300 Campus Drive, 232 Swarts Hall
Bradford, PA 16701