

Student Academic Ethics Reporting Form
Complete and send to Associate Provost Office AD-326
srsewell@bsu.edu
(Shawna Sewell 5-3716)

Faculty Name: _____ Course: _____

Semester year Fall Spring Summer
enter yr. check check check

Student Name: _____ Date: _____

Allegation

Resolution *Are you requiring the student to go through academic ethics sanctions process? _____*

By signing below the student is admitting to the Student Academic Ethics allegation and accepting the resolution.

I do not agree with the accusation
(student)

I do not agree with the resolution
(student)

Faculty Name (typed/printed)

Student Name (typed/printed)

Faculty Signature

Student Signature

Department

Student ID#