

# Academic Integrity Violation

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Class/Section of Incident: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Details of Violation: *Please include any supporting documents.*

**PLEASE INDICATE VIOLATION NUMBER.** ATTACH NOTES SECTION FROM SONISWEB ON PRIOR VIOLATIONS.

Warning       First violation       Second violation       Third violation

**HAS THE STUDENT BEEN MADE AWARE OF WHAT THE VIOLATION ENTAILED?**

Yes       No

**HAS THE STUDENT BEEN COUNSELED ON HOW TO AVOID FURTHER VIOLATIONS OF THE GOODWIN UNIVERSITY ACADEMIC INTEGRITY POLICY?**

Yes       No

*Student has the right to attach a written statement to this Violation of Academic Integrity form.*

*Student has the right to appeal this decision. See Section Three in the Goodwin University Academic Integrity Policy.*

**FACULTY INSTRUCTIONS:**

- Faculty member must be available to meet with student and Department Chair/Program Director.
- Attach a copy of Goodwin University Academic Integrity Policy.
- This original Academic Integrity Violation form goes into the student file in the Academic office;
- A copy is provided to the student.
- Faculty adds incident to Sonisweb student notes section.

Signature of Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Director/Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The student's signature does not indicate agreement with this notice but only that (s)he has read it and received a copy.*

*\*A student signature is not required for a warning.*