Northern Illinois University
Office of Community Standards & Student Conduct
Academic Misconduct Incident Report

Student Name: ___________________________ Phone: _________________________

Address: ________________________________________________________________

SS#: __________________ Major Code: ______ Classification: ___________________

Department: __________________ Course # & Name: ___________________________

Alleged misconduct:

___ Examination date __________ time __________ place _______________________

___ Paper or project

Statement of facts:


I affirm by my signature that I understand my rights and options as described in the Student Judicial Code.

The case was resolved at the department level.

Sanction: ___ F in course ___ F on exam or paper.

Other (specify): _______________________________________________________

Faculty signature: ______________________ Date: _______________________

Student signature: ______________________ Date: _______________________

The case was not resolved at the department level.

___ Faculty member recommends sanction greater than a grade of F

___ Student will dispute the facts of the incident through an Academic Misconduct Hearing.

Faculty signature: ______________________________________ Date: ______________________

Student signature: ______________________________________ Date: ______________________

Judicial Affairs Office disposition

Judicial Affairs Officer signature: ____________________________

Date: ______________________