



Academic/Professional Misconduct Report Form

To be completed by the instructor:

Instructor Name (please print) _____ Department _____

Email _____ Phone _____

Student Name (please print) _____ ID# _____

I believe the student has committed academic misconduct, as described:

Date of the incident _____ Course name & number (if applicable) _____

Choose option one or two below:

Option One: Instructor/Department Resolution

I recommend the following classroom and/or departmental penalties (check all that apply):

- ☐ I have assigned a grade of zero (or F grade) on the above assignment.
- ☐ I have assigned an "F" grade for the course.
- ☐ I have given the following penalty _____
- ☐ Because the act of academic misconduct occurred at the end of the term, I am assigning a trimester designation of "T" (Incomplete).

Option Two: Discipline Committee Referral

- ☐ It is believed this act of academic misconduct requires consideration by the AHU Discipline Committee. Therefore, this incident is being referred to the Senior Vice President for Student Services to begin the Discipline Process as outlined in the Student Handbook.

Instructor Signature _____ Date _____

Student Signature _____ Date _____

For Office Use Only:

Date Received: _____ Copy given to student? ☐ Yes ☐ No

Department Chair Signature _____ Date _____

Original: Department Chair Copy: Student, Office of Academic Administration, Office of Student Services