



FACULTY REPORT FOR SUSPECTED AND/OR ADJUDICATED INCIDENTS OF ACADEMIC DISHONESTY FORM

Instructor Name: _____

Department: _____

Telephone: _____

Email: _____

Course Name: _____

Course and Section #s: _____

Semester: _____

Student Name: _____

Last 4 digits of Student SS#: _____

Date of Incident: _____

Type of Incident: Cheating _____ Plagiarism _____ Other _____

Description of Incident: _____

Did you discuss the charge of cheating, plagiarism or other academic dishonesty with the student? Yes _____ No _____

Did the student admit to the charge? Yes _____ No _____

Have you informally resolved the matter? Yes _____ No _____

If yes, state how:

_____ A failing grade on the exam/paper/project

_____ A failing final grade

_____ Other, please describe _____

Faculty Signature _____

Date _____

When any instance of student academic dishonesty arises, the involved faculty member is to complete and submit this form to the Department Chair, and the following two offices. Also, keep the report and all support materials.

Office of Academic Standards and
Evaluations Director, Liliana Calvet
Shuster Hall, Room 280
718-960-8106
LILIANA.CALVET@LEHMAN.CUNY.EDU

Office of the Vice President for Student Affairs
Dean of Students, John Holloway
Shuster Hall, Room 204
718-960-8241/8242
JOHN.HOLLOWAY@LEHMAN.CUNY.EDU