

ACADEMIC INTEGRITY COUNCIL
Charge of Academic Dishonesty

*(This form is to be used by faculty after
contacting the Academic Integrity Office)*

Date: _____ Faculty Member's Name: _____
Student's Name: _____ Faculty Member's Phone #: _____
Student's GW ID#: _____ Faculty Member's Email: _____
Dept. & Course #: _____

Please describe in detail the **alleged violation** of the Code of Academic Integrity, including the type of academic dishonesty, specific work product, and date of submission (please attach additional sheets as necessary).

Proposed sanction (see guidelines in Article III, Section 5 of the Code). *Note: all sanctions that rise to the level of "failure of the course" come with an automatic notation to the GW transcript which reads "Academic Dishonesty." Proposed sanctions beyond "failure of the course" require a hearing.*

Please list any witnesses and their phone numbers and/or email addresses:

Witness	Phone Number	Email Address
_____	_____	_____
_____	_____	_____

Faculty Member's Signature

Copies of this form, signed or unsigned by the student, should be sent to the Academic Integrity Office at 801 22nd St, NW, Phillips Hall, Suite 412, Washington, DC 20052. Once received, the A.I.O. will process all paperwork and notify relevant parties.

To Be Completed by the Student

Please check one: ___ I wish to contest the charge against me and/or the proposed sanction. I wish to have this matter referred to the Academic Integrity Council.

___ I wish to accept the charge against me. I agree to the nature of the charge and agree to the proposed sanction.

Student Signature

Student's Local Phone and Email