

University of Washington
School of Public Health
Report of Academic Misconduct

Note: This is an educational record and the student has the right to see it.

CONFIDENTIAL

Date of alleged academic misconduct: _____

Date of written notification to student of alleged academic misconduct: _____

Date of meeting with student (if held): _____

Students Name: _____ Student's ID#: _____

Student's Department: _____

Course: _____ Quarter and Year: _____

Type of assignment or exam: _____

Instructor's Name: _____ Instructor's Box: _____

Instructor's Department: _____

CHECK LIST OF INCLUSIONS/ATTACHMENTS:

Brief statement of allegation (attach as needed):

Copies of any emails to student regarding the allegation

Original assignment or exam (if allegation involves such)

Copy of syllabus

I have explained the academic misconduct allegation described above and have notified the student involved that I am referring the case to the Dean's Office for an Informal Hearing.

Please send to: Director of Program Operations for Student and Academic Services, School of Public Health, 1959 NE Pacific Street, Health Sciences Center F363C, Box 357230.

Email: jmricks@uw.edu