

Orange Coast College
ACADEMIC DISHONESTY REPORT

Please type or print

Student Name	Last _____	First _____	MI _____	ID Number _____
Course Name and Ticket Number	_____			Date of Incident _____
Instructor's Name	_____		Instructor's Phone _____	Date of Report _____

DESCRIBE THE INCIDENT IN FULL DETAIL.

WHAT DID YOU DISCUSS WITH THE STUDENT, WHEN AND WHERE WAS THE DISCUSSION HELD?

WERE THERE ANY WITNESSES [GIVE NAMES (AND ID NUMBERS FOR STUDENTS)]

WHAT WAS THE STUDENT'S RESPONSE TO YOUR DISCUSSION WITH HIM/HER?

WHAT ACTION(S) DID YOU TAKE?

WHAT ADDITIONAL ACTION(S) DO YOU RECOMMEND?

Instructor's Signature _____

ATTACH ADDITIONAL PAGES IF NECESSARY ♦ NOTE THAT THIS FORM WILL BE GIVEN TO THE STUDENT IF REQUIRED BY LAW ♦ PLEASE RETURN THIS FORM TO THE DEAN OF STUDENT SERVICES ♦ THANK YOU