

Student number \_\_\_\_\_ Student name \_\_\_\_\_

**PART 1:**

To be completed by the course instructor or program co-ordinator. This information identifies an incident of academic misconduct.

Course code \_\_\_\_\_ Instructor \_\_\_\_\_

Work involved \_\_\_\_\_

Date of incident \_\_\_\_\_

**Offence**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Cheating    | <input type="checkbox"/> Facilitating Academic Dishonesty          |
| <input type="checkbox"/> Fabrication | <input type="checkbox"/> Denying Access to Information or Material |
| <input type="checkbox"/> Plagiarism  | <input type="checkbox"/> Copyright Violation                       |

Specifics \_\_\_\_\_

Check One	Offence	Minimum Penalty
<input type="checkbox"/>	First	Mark of "0" in the work involved
<input type="checkbox"/>	Second	Mark of "0" in the course
<input type="checkbox"/>	Third	Mark of "0" in the course and immediate dismissal from the college for one year
<input type="checkbox"/>	Other	Specify: (Cannot be lower than the minimum stated above) _____

\_\_\_\_\_  
Signature of Instructor \_\_\_\_\_  
Date

**PART 2:**

THE FOLLOWING IS TO BE COMPLETED BY THE STUDENT, within five working days, in the presence of and witnessed by a dean or designate.

- I acknowledge the stated offence to be true and correct, and I accept the penalty stated (note that an upward adjustment in severity may be made if previous incidents are revealed in the student record).
- I acknowledge the stated offence to be true and correct, but I do not accept the penalty which is above the minimum stated in the policy and will follow procedures required to request an Appeal Hearing on this matter.
- I do not acknowledge the stated offence and will follow procedures required to request an Appeal Hearing on this matter.

\_\_\_\_\_  
Signature of Student \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean/Associate Dean \_\_\_\_\_  
Date

Forward original to Registrar, Copies to Dean/Associate Dean and Student

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of the medical verification for withdrawal consideration.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at [ROrecords@GeorgianCollege.ca](mailto:ROrecords@GeorgianCollege.ca) or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at [AccessPrivacy@GeorgianCollege.ca](mailto:AccessPrivacy@GeorgianCollege.ca) or 705.728.1968 ext., 5770.