

CLARENDON COLLEGE
ACADEMIC DISHONESTY FORM

Date of Incident: _____

Student Name: _____ SS#: _____

Other Students Involved: _____

Description of Incident (attach documentation to this form): _____

Student's Discipline: _____

Date Discussed with Student: _____

By signing this form, I understand what academic dishonest has occurred and the consequences for my action.

Printed Name

Signature

Date

Instructor's Signature

Date

Dean of Instruction's Signature

Date