

Academic Misconduct Report Form

Student Information

| STUDENT NAME: | STUDENT ID: | YEAR OF STUDY: |
|--|----------------------------------|-------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter |
| | | text. |
| | <u> </u> | |
| Details of Incident | | |
| INSTRUCTOR: | COURSE NAME: | COURSE CODE: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter |
| | | text. |
| TYPE OF MISCONDUCT: | | DATE OF INCIDENT: |
| □Plagiarism | | Click or tap to enter a date. |
| ☐ Cheating | | |
| ☐ Contract Cheating | | |
| ☐ Unauthorized or Undisclosed Use of Editor | | |
| ☐ Obstruction or Interference | | |
| □ Collusion | | |
| □Theft | | |
| ☐ Falsification, Misrepresentation, Fraud or Fabrication | | |
| ☐ Breach of Ethical or Other Approval Requirements in Research | | |
| □Other | | |
| IF 'OTHER' WAS SELECTED ABOVE, PLEASE SPECIFY: | | |
| Click or tap here to enter text. | | |
| | | |
| | | |
| DESCRIPTION OF THE INCIDENT: | | |
| Click or tap here to enter text. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| LIST ANY SUPPORTING DOCUMENTS BEING ATTACHED: | | |
|--|----------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| SELECT ANY ADDITIONAL COLLEGE SERVICES BEING RECOMMENDED: | | |
| ☐ Library Services | | |
| □ Wellness Services | | |
| ☐ Accessibility Services | | |
| ☐ Academic Success Centre | | |
| ☐ Work Integrated Learning | | |
| □Other | | |
| IF 'OTHER' WAS SELECTED ABOVE, PLEASE SPECIFIY: | | |
| Click or tap here to enter text. | | |
| DECOMMATAIDED CANCELON/C). | | |
| RECOMMENDED SANCTION(S): Click or tap here to enter text. | | |
| Click of tap fiere to effect text. | | |
| | | |
| | | |
| | | |
| Details of Person Making the Report | | |
| | | |
| NAME: | POSITION: | |
| Click or tap here to enter text. | Click or tap here to enter text. | |
| | · | |
| | | |
| SIGNATURE: | DATE: | |
| Click or tap here to enter text. | Click or tap to enter a date. | |

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of treating with reported incidents of academic misconduct. Certain information collected in this form may be released to other departments at Keyano College for the continuous improvement of student academic success. For information about the collection and use of this information, contact the Academic Integrity Officer.

Keyano College Office of the Academic Integrity | 8115 Franklin Avenue, Fort McMurray AB T9H 2H Telephone 780.791.4921 | E-Mail academic.integrity@keyano.ca