

## Student Information

**STUDENT NAME:****STUDENT ID:****YEAR OF STUDY:**

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## Details of Incident

**INSTRUCTOR:****COURSE NAME:****COURSE CODE:**

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**TYPE OF MISCONDUCT:****DATE OF INCIDENT:**

<input type="checkbox"/> Plagiarism <input type="checkbox"/> Cheating <input type="checkbox"/> Contract Cheating <input type="checkbox"/> Unauthorized or Undisclosed Use of Editor <input type="checkbox"/> Obstruction or Interference <input type="checkbox"/> Collusion <input type="checkbox"/> Theft <input type="checkbox"/> Falsification, Misrepresentation, Fraud or Fabrication <input type="checkbox"/> Breach of Ethical or Other Approval Requirements in Research <input type="checkbox"/> Other	
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**IF 'OTHER' WAS SELECTED ABOVE, PLEASE SPECIFY:**

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**DESCRIPTION OF THE INCIDENT:**

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**LIST ANY SUPPORTING DOCUMENTS BEING ATTACHED:**

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**SELECT ANY ADDITIONAL COLLEGE SERVICES BEING RECOMMENDED:**

<input type="checkbox"/> Library Services <input type="checkbox"/> Wellness Services <input type="checkbox"/> Accessibility Services <input type="checkbox"/> Academic Success Centre <input type="checkbox"/> Work Integrated Learning <input type="checkbox"/> Other
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**IF 'OTHER' WAS SELECTED ABOVE, PLEASE SPECIFY:**

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**RECOMMENDED SANCTION(S):**

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Details of Person Making the Report

**NAME:**

**POSITION:**

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**SIGNATURE:**

**DATE:**

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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.

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