



# Informal Resolution Form

SECTION A: To be completed by Instructor.

<b>STUDENT NAME:</b>	<b>STUDENT ID:</b>	<b>YEAR OF STUDY:</b>

<b>PROGRAM OF STUDY:</b>	<b>KEYANO EMAIL ADDRESS:</b>

<b>INSTRUCTOR:</b>	<b>COURSE NAME:</b>	<b>COURSE CODE:</b>

**DETAILS OF ACADEMIC ACTIVITY:**

<b>TYPE OF ACADEMIC MISCONDUCT:</b>	<b>DATE OF ALLEGED MISCONDUCT:</b>
Plagiarism 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:**

**DESCRIBE THE SANCTION IMPOSED:**

**ADDITIONAL COMMENTS (IF ANY):**

Large empty rectangular box for additional comments.

**SIGNATURE:**

**DATE:**

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SECTION B: To be completed by the student.

**DO YOU AGREE WITH THE DESCRIPTION OF THE INCIDENT:**

Yes	No
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**DO YOU AGREE WITH THE SANCTION IMPOSED:**

Yes	No
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**IF YOU ANSWERED "NO" TO ANY OF THE ABOVE, EXPLAIN. ATTACH SUPPORTING DOCUMENTS AS NECESSARY:**

**SIGNATURE OF STUDENT:**

**DATE:**

SECTION C: To be completed by the Office of Academic Integrity

**REVIEWED BY:**

**ANY PREVIOUS INCIDENTS:**

No

Yes

If 'yes', details:

**SIGNATURE:**

**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.  
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