

Kelley School of Business Indianapolis
Notification of Academic Misconduct

To be completed by Faculty Member:

Student Name _____
Course and Section _____
Faculty Member _____

Student ID # _____
Semester and Year _____
Date of Incident _____

Description of Incident:

Action taken

Faculty Member Signature

Date

To be completed by Student:

I accept responsibility for my actions and will abide by the faculty member's decision

I acknowledge that this counseling occurred but do not admit any guilt

Other: _____

I recognize my right to appeal this decision. Contact Jane Lambert at 274-2147 to initiate.

Student Signature

Date

This form will be submitted to the Indiana University Kelley School of Business Indianapolis Academic Program Office in BS 3024. The Executive Director of Academic Programs may pursue this matter further if additional information or past behavior warrants.