

**CONFIDENTIAL**  
**Robert Morris University**  
**Academic Integrity Incident Report**

This form is used to document suspected violations of Academic Integrity Policy as outlined in the Robert Morris University Academic Integrity Policy. The Initiator completes **all information** and submits this form and supporting documentation to the Vice Provost for Academic Affairs within five (5) university business days of the incident.

Name of Student \_\_\_\_\_ RMU ID \_\_\_\_\_  
Date of Incident \_\_\_\_\_ \* Term/Year \_\_\_\_\_ Student Email \_\_\_\_\_  
Course-related Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, do not complete \* items)  
Check: Minor Violation \_\_\_\_\_ Major Violation \_\_\_\_\_  
\* Course Number \_\_\_\_\_ \* Course Title \_\_\_\_\_

<b>Description of Violation</b>
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Related Consequences/ Actions Taken \_\_\_\_\_

Initiator's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's comments \_\_\_\_\_

Student Signature (or email endorsement) \_\_\_\_\_ Date \_\_\_\_\_  
(Student signature does not imply admission of a violation of the Academic Integrity Policy)

\* Dept Head Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Dean/Assc Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office of Academic Affairs Use Only</b> <b>Recommendation</b>
Date Received in Academic Affairs: _____ Copies sent to: _____
Vice Provost Signature _____ Date _____
<input type="checkbox"/> AIC Review <input type="checkbox"/> Informal Resolution Meeting <input type="checkbox"/> Formal Hearing <input type="checkbox"/> Other
Comments _____