

**CABRINI UNIVERSITY**  
**ACADEMIC HONESTY "VIOLATION CHARGE" FORM**  
**(CONFIDENTIAL)**

STUDENT'S NAME \_\_\_\_\_ ID # \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_ CLASSIFICATION  FR  SO  JR  SR  GR

COURSE \_\_\_\_\_ SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ DATE STUDENT INFORMED OF VIOLATION \_\_\_\_\_

**FACULTY:** In an attachment, provide an explanation of the charge and the penalty you have assigned. To support your findings, please include all relevant documentation/evidence. That documentation/evidence should include proof that you contacted the student **within five business days** of discovering the violation, the student's violation, the academic honesty statement on your syllabus and all other relevant documents, and evidence that the student violated Cabrini University's Academic Honesty Policy. You must submit this form (signed and dated by you and the student), documentation that you contacted the student if the student refuses/neglects to sign the form, and supporting documentation/evidence to the Dean for Retention and Student Success **within five business days** of discovering the violation. If there are multiple students involved in the violation or multiple violations, then you must submit a separate form for each student involved in the violation and each violation. If the charge is overturned by the Board, it will void the penalty.

CHARGE:  Cheating  Theft or destruction of intellectual properties  
 Plagiarism  Information falsification or fabrication  
 Facilitation of academic dishonesty  Other (Please specify) \_\_\_\_\_

PENALTY ASSIGNED BY FACULTY (one or more may be assigned):

Oral or written reprimand  Rewriting a paper, retaking an exam, test or quiz, or redoing an assignment  
 Reduction in course grade  Reduction in grade given for paper, exam or assignment without privilege of make-up  
 Failure of the course without the privilege of withdrawal  Failure/no credit given for paper, exam or assignment without privilege of make-up  
 Replacement of / payment for materials harmed or destroyed  Other (Please specify) \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

DUE TO THE SERIOUS NATURE OF THE VIOLATION, I REQUEST AN ACADEMIC HONESTY AND STUDENT GRIEVANCE BOARD HEARING IN ADDITION TO THE ABOVE PENALTY.

IF A HEARING IS HELD, I WOULD LIKE TO BE PRESENT AT THE HEARING.

**STUDENT'S RIGHTS AND RESPONSIBILITIES:** By signing below, I acknowledge that I have been informed of the charge and the penalty assigned but am not necessarily admitting guilt. I understand that if I choose to challenge the charge, I need to contact the Dean for Retention and Student Success by e-mail within five business days of being informed of the charge. I understand that I cannot go to the Academic Honesty and Student Grievance Board to challenge the penalty. I also understand that the Board cannot reduce the penalty but the Board may increase it if the charge is upheld. If this is a second or subsequent offense in any class in any semester in my time at Cabrini, I understand that the Board is obligated to convene for a hearing. I understand that I must attend the hearing even if I accept the charge and the penalty assigned. I understand that if I don't attend the hearing, the charge and the penalty will be upheld and may be increased. I understand that if the charge is overturned by the Board, it will void the imposed penalty.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

After considering my options and reviewing the evidence submitted with this form, I have decided to challenge the charge. I understand this means that I am asking for a hearing before the Academic Honesty and Student Grievance Board and that I must attend that hearing. I understand that if I don't attend the hearing, the charge and the penalty will be upheld.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEAN FOR RETENTION AND STUDENT SUCCESS ONLY:**

Date received by the Dean for Retention and Student Success \_\_\_\_\_ REPEAT OFFENSE?  YES  NO