

Beaufort County Community College
ACADEMIC DISHONESTY/CHEATING REPORT FORM

Division:		Department:	
Faculty Contact Person:		Extension:	

INCIDENT

Student's Name:		BCCC ID#	
Class Prefix/Number:		Section:	
		Semester:	

Describe Cheating Episode:

Faculty Action Taken (such as given an "F" grade on assignment and allowed to stay in class, given "F" and removed from class, etc):

Check all that apply:

<input type="checkbox"/>	Evidence gathered and documented
<input type="checkbox"/>	Met with student face to face
<input type="checkbox"/>	Sent/gave student written notification of action taken
<input type="checkbox"/>	Student admitted cheating
<input type="checkbox"/>	Student Accepted action taken
<input type="checkbox"/>	Student requests due process hearing

Faculty Signature:		Date:	/ /
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Dean of Student Services:		Date:	/ /
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Send completed form to the Dean of Student Services