

UC RIVERSIDE GRADUATE ACADEMIC INTEGRITY REFERRAL FORM

Return to Graduate Division, University Office Building, Room 136 For questions contact Kara Oswood at 951-827-3387.

To the Instructor of Record: Within 30 business days of the incident date, please meet with the student to review this form and supporting documentation before referring the incident to the Graduate Division. The student must have an opportunity to respond to allegations. All supporting documentation must be shared with the student.

Student Name:		Student ID No:
Student email:		Course:
Instructor Name:		Quarter:
Instructor Title:		Instructor Phone Number:
Instructor email:		Instructor Dept:
		-
Incident Date:		
Final overall grade in course	Grade for refe	erred assignment/
(grade as if no exam (grade		•
misconduct occurred): misconduct o		
Alleged Violation (check at least one): [] cheating [] unauthoriz [] facilitating [] academic of [] failure to comply with research reg [] other (please explain)	dishonesty gulations	[] fabrication
[] Student admits responsibility		
Student denies responsibility		
[] Student did not respond		
Student's signature:		Date:
Instructor's signature:		Date:
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If the student **admits** responsibility you may immediately assess an academic sanction. Please describe the sanction below and submit this form with supporting documentation to the Graduate Division:



responsible which s	final grade until after the investigation has concluded. If the student is found sanction do you recommend: g grade on assignment/exam
	g grade in course , please explain:
Please indicate the	e details of the case below and attach supporting documentation:

The relevant Senate regulations can be found here:

http://senate.ucr.edu/bylaws/?action=read_bylaws&code=app#06.05.00