

MIDDLE GEORGIA COLLEGE
ACADEMIC DISHONESTY FORM

Date:		
Student LName:	FName:	MName:
MGC ID (<i>Required</i>)		
Instructor:	Department:	Ph#:
Course Name & #:		

Date of Incident:

DESCRIPTION OF ALLEGED INFRACTION: (Refer to Student Handbook, Academic Dishonesty Policy www.mgc.edu/student)

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WITNESSES (if any)

Name:	MGC Address:	Ph#:
Name:	MGC Address:	Ph#:
Name:	MGC Address:	Ph#:

SUMMARY OF EVIDENCE ON WHICH CHARGE IS BASED: (Use separate sheet(s) as necessary.)

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PENALTY ASSESSED BY INSTRUCTOR:

CHECK APPROPRIATE RESPONSE:

	Student acknowledges guilt, accepts penalty, and waives further rights to appeal.
	Student denies guilt and will appeal in writing within 2 class days to the Chair of the Division in which the alleged infraction occurred.

SIGNATURES: (Student's signature is required or reason for no signature should be noted on the form by Instructor.)

Instructor:	Student:
Witness:	Date:

DISTRIBUTION:

Instructor **Student** **Division Chair** **VP/Student & Public Affairs** **Registrar** (*only if "F" for course*)
(*Original*)