**Submission Instructions:** Please complete the form with as much detail as possible. Return the form and attached evidence to the respective Dean of the school in which the alleged misconduct occurred.

Name of Student: ___________________________  
Student ID: ________________________________

☐ Undergraduate  
☐ Graduate student

Indicate the type(s) of alleged academic misconduct as defined in the Upper Iowa University [Academic Misconduct Policy](#):

☐ Cheating  
☐ Plagiarism  
☐ Academic Dishonesty  
☐ Other

Academic semester/session of alleged violation: _______________________

Date on which alleged violation was discovered: _______________________

Course (i.e., ENG 102): ____________

Catalog & Section Number (i.e., 3A 77): ____________

Name of instructor___________________________________________

1. Please briefly describe the student’s academic misconduct.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

01/03/22
2. Please check and attach all evidence that applies. Please include any additional evidence not on this list under “other”

☐ Email correspondence
☐ Zoom recordings/transcripts
☐ Login or IP address/access
☐ Turnitin Reports
☐ Discussion Boards
☐ Gradebooks
☐ Relevant Student Work

☐ Exams
☐ Proctoring Info
☐ Third party interaction/observation
☐ Other
☐ Other
☐ Other

3. Please describe in detail how the evidence in question #2 supports your claim of academic misconduct in question #1. A detailed chronology including dates is extremely helpful.

________________________________________________________________________________
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Name of Reporting Party: ____________________________     Telephone: ____________________________
Title of Reporting Party: ____________________________     Department: ____________________________
Campus email address: ____________________________     Date: ____________________________