UNIVERSITY OF MASSACHUSETTS LOWELL

Notification of Academic Dishonesty

Student Name: ___________________________ PSID#/UMS#: __________________

Faculty Name: ___________________________ Ext#: __________________

Course #: ____________ Course Name: ________________________________

Date of Detection Incident: ________________________________

Date of Initial Student Notification: ________________________________

Description of Incident: ____________________________________________

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Sanction:

☐ Grade of ________ on exam, paper, quiz, etc.

☐ Grade of ________ in course

☐ Recommended grade of FX in course (cannot be deleted from academic record)

☐ Other: ______________________________________________________

____________________________________________________________________

Signature of Faculty: ___________________________ Date: _________________

Submitted by Faculty to Associate Provost