

Academic Misconduct

PROFESSORS TO SUBMIT AS SOON AS POSSIBLE

Please save file in the following format: **student surname, given name - student #**
and send to shallen.chen@niagaracollegeutoronto.ca

FACULTY

Date of Incident	
Student Name	Student #
Course Title	Course Code/Section
Type of Evaluation/Work	
Type of Misconduct	
0 has been assessed	
Additional information if applicable	
Faculty Name	

ENROLMENT SERVICES

First Offense	Date Student Notified
Subsequent Offense	
Notes	

ACADEMIC ADMINISTRATOR

Decision
Date Student Notified