

**Saddleback College
Academic Integrity Report**

To be completed by instructor: _____ Date: _____

Student _____

Student ID No. _____ Date of Incident: _____

Course Name and No. _____ Ticket No. _____

Semester _____ Instructor _____

Description of Incident _____

****Attach written documentation to substantiate incident, if appropriate.**

Action taken _____ Dismissed for remainder of class meeting
(check all _____ Dismissed for remainder of class and next meeting
that apply) _____ Grade for specific work (explain)

_____ Grade for course (explain)

(If more space is required, please attach additional sheets.)

Instructor's Signature _____ Date _____

Dean's Signature _____ Date _____

Distribution: Division Office
Vice President for Student Services
Vice President for Instruction
Instructor