Student Behavioral and Academic Conduct Report Form

Please complete the first page of this form for all student behavioral or academic conduct issues which result in a verbal warning. Please also complete the second page if the behavioral or academic conduct issue results in an additional penalty. Once completed, please return the form to the Student Care and Conduct Coordinator (ILLC 147 or email to INTOOSU.CareandConduct@oregonstate.edu). Assistance for this process can be found in the 'INTO OSU Academic Programs Guidelines Student Behavioral and Academic Conduct' document.

Please select:

[] This behavioral/academic conduct issue resulted in a verbal warning. The student was advised that a record of the issue will be sent to the Student Care and Conduct Coordinator and kept on record for 5 years.
   (complete page 1 and submit to the Student Care and Conduct Coordinator)

[] This behavioral/academic conduct issue resulted in a verbal warning and a recommendation for an additional penalty.
   (complete pages 1 and 2 and submit to the Student Care and Conduct Coordinator)

Student’s name ______________________________________ ID number _________________________________
Student’s e-mail__________________________________ Date of violation ____________________________
Course _________________________ Program: AE GE Pathway Level____________
Instructor’s name________________________________ Instructor’s e-mail _________________________

[ ] Behavioral Conduct or
[ ] Academic Conduct

If Academic Conduct, which type(s) of academic dishonesty was/were evident:

[ ] Plagiarism (representing the words or ideas of another person as one's own)
[ ] Cheating (use or attempted use of unauthorized materials, information, or study aids)
[ ] Assisting (helping another commit an act of academic dishonesty)
[ ] Fabricating (falsification or invention of any information)
[ ] Tampering (altering or interfering with evaluation instruments or documents)

INSTRUCTOR’S SUMMARY OF INCIDENT Submit additional page(s) if needed and attach to this form:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

* To be completed by STUDENT in the case of a verbal warning.

[ ] I understand that (1) I have been given a verbal warning, (2) that a record of the issue will be sent to the Student Care and Conduct Coordinator and kept on record for 5 years and (3) that there is no further penalty.

Student’s Signature __________________________ Date ____________ Instructor’s Signature __________________________ Date ____________
INSTRUCTOR, you are completing this page because the behavioral/academic conduct issue resulted in a verbal warning and a recommendation for an additional penalty. Before assigning an additional penalty, please confirm who you have consulted:

- I have consulted with a member of the Coordinator team. Who?___________________________________________________
- I have consulted with the Student Care and Conduct Coordinator
- I have consulted with another colleague(s). Who?____________________________________________________________

INSTRUCTOR’S RECOMMENDATION (to be completed by the INSTRUCTOR)

Note penalty(s) below, give additional information if necessary and sign.

[  ] Official Written Warning  [  ] Behavior Expectations Agreement  [  ] No Contact Order
[  ] Penalty on a piece of academic work  [  ] Penalty for class/course/program  [  ] Required Educational Activities
[  ] Student asked to leave the class (reported after occurrence of penalty)  [  ] Other (please give details): 

If necessary, please give any additional detail or information regarding the recommended penalty:

Note: Information regarding OSU sanctions can be found here and other options should be discussed with the Student Care and Conduction Coordinator and/or the Coordinator team: http://oregonstate.edu/studentconduct/code/index.php#sanctions

Instructor’s Signature: __________________________ Date: __________________________

Response/Explanation - in the case of a conduct violation with a recommended penalty (to be completed by STUDENT)

Student may attach additional page(s) if needed.

Please check one.

[  ] I accept responsibility for the conduct violation(s) described above.

[  ] I disagree that a conduct violation has occurred. I understand that I have 5 business days to appeal the charge to the Student Care and Conduct Coordinator.

__________________________________________________________
__________________________________________________________
__________________________________________________________

Student’s Signature: __________________________ Date: __________________________

INSTRUCTOR, if the box above is not signed by the student, please note reason:

☐ Student was unavailable to meet with me. Please attach evidence (e.g. emails) of reasonable attempts to contact the student.
☐ Student met with me but refused to sign.
☐ Other (please give reason):

Thank you for your assistance. Please return to the Student Care and Conduct Coordinator.

(ILLC 147 or email to INTOOSU.CareandConduct@oregonstate.edu )