

This form must be submitted to the Provost within five instructional days from the time the incident of academic dishonesty was discovered.

To be completed by instructor:

Student Name: _____ Student GSU ID#: _____

Instructor Name: _____ Semester: _____

CRN, CRS, SUBJ _____ Title: _____

Report Date: _____ Date(s) of Incident Discovery _____

Participants or Witness(es) (if applicable): _____

Incidents in this class: †