**James Madison University**
**Formal Honor Code
Violation Report Form**

This is a write-protected form. Please tab through and complete all sections before printing for required signatures on the following page.

1. Faculty Information

Faculty Name:

Office:

Phone:       Faculty e-mail:

Date:

1. Course Information

Course Title:

Course Number:

Semester:

[ ]  Online [ ]  In person

1. Student Information

Student Name:

Student ID Number:

Year: [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ] Senior [ ] Graduate Student

Student E-mail:

Student Phone:

1. Violation Information

Date of Possible Honor Code Violation:

Date of Occurrence of Possible Honor Code Violation:
This report must be submitted to the Honor council within 90 days of the occurrence of the violation.

Description of Possible Violation:

Names of other individuals who might have information regarding the possible Honor Code violation:

Name:

E-Mail:

Name:

E-Mail:

Please submit to:
Honor Council Office
MSC 7506

Questions, please contact:Masoud Kaveh-Baghbadorani, Honor Council Coordinator
kavehbmx@jmu.edu, (540) 568-4173

Office Use Only:

Received On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_