

9TH FLOOR, 80 Bloor W Toronto, ON M5S 2V1 Canada

www.ibu.ca

Phone: 416-923-1111
Toll Free: 1-866-823-3111

Academic Integrity Reporting Form

TO BE COMPLETED BY THE FACULTY MEMBE	R:		
Student Name:		Student #:	
Program:		IBU Email:	
Course Name:			
REPORT:			
Plagiarism ☐ Presenting work of another without citing ☐ Failing to acknowledge ideas of others ☐ Copying others' work ☐ Purchasing work from other source	Falsifying or Misrepresenting □ Impersonating □ Falsifying material □ Submitting false records □ Misrepresentation to gain academic advantage		
Cheating ☐ Using unauthorized notes or aids ☐ Unauthorized possession of material ☐ Unauthorized use of electronic device ☐ Using or attempting to copy another student ☐ Unauthorized communication during exam ☐ Failing to protect own work	Others: □ Engaging in activities that negatively impact another student academically		
Any additional details that demonstrate acader	mic integ	rity concerns:	



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FACULTY INVESTIGATION / RESPONSE:

Faculty has notified (in writing) the student of the breach and sought a written explanation:			
□ Yes Date:			
Has the student responded: (Please provide details):			
If it is concluded that the student committed an act of academic misconduct, please set out your Reasons for making that conclusion:			
Faculty Decision: Resubmission Report to Dean No Action/Dismiss the report			
Signature:			
Date:			



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DISCIPLINARY MEETING: (if reported to the Dean)

Outcome:		
Final Decision:		
De auto Ciamatama		
Dean's Signature	_	
Date:		
Date:		