

Case Number: _____

Date of Violation: _____

Accused Student: _____

Student ID # _____

Accuser: _____

Term: _____

Instructor: _____

Course: _____

Meetings:

Location Date Time Purpose

Location Date Time Purpose

Offense _____

Penalty (agreed upon if Guilty or offered if No Agreement): _____

Result _____ Guilty (penalty accepted) _____ (student signs)

_____ Not Guilty (charges dropped) _____ (instructor signs)

_____ No Agreement (case forwarded to ADC) _____ (instructor signs)

Summary & Comments: _____

Please attach all additional evidence not included with the VIOLATION OF ACC FORM.

Accused Student Signature

Date

Instructor Signature

Date

(When complete return this form to the CECS Student Records and Advising Office, 2000 HPEC)