



Honor Code Violation Report

Office of Student Affairs
9700 West Taron Drive
Elk Grove, CA 95757

REPORTER INFORMATION

Name: _____ Student Staff

Email Address: _____ Phone: _____

Witnesses (if pertinent):

_____	_____
_____	_____
_____	_____

Signature of Reporter: _____ Date: _____

ALLEGED VIOLATION

Name of Student: _____

Course Name: _____

Date and Time of Alleged Violation: _____

Check One: Exam IRAT TRAT Other _____

Description of Possible Violation (continue on back page if necessary):

Please submit completed form to the Senior Associate Dean of Academic Affairs.