



UNIVERSITY OF MASSACHUSETTS LOWELL  
Notification of Academic Dishonesty

Student Name: \_\_\_\_\_ PSID#/UMS#: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Ext#: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_

Date of Detection Incident: \_\_\_\_\_

Date of Initial Student Notification: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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Sanction:

- Grade of \_\_\_\_\_ on exam, paper, quiz, etc.
  - Grade of \_\_\_\_\_ in course
  - Recommended grade of FX in course (cannot be deleted from academic record)
  - Other: \_\_\_\_\_
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Signature of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by Faculty to Associate Provost