**ACADEMIC INTEGRITY REPORT**
**FINDINGS, CONCLUSIONS AND SANCTION AT CONCLUSION OF APPEAL**

Faculty Name: ______________________ Course/Section Number/Term: __________

Faculty Contact Information: ________________________________________________

Student Name: ______________________ Student ID Number: _______________

Student Contact Information: ______________________________________________

The appeal was considered by ______________________ on ___________.
   (name and title or position)  (date)

Signature ____________________________________________

Upon consideration of the student’s appeal I find that the student:

☐ Did engage in an act of academic dishonesty as determined by the faculty member

☐ Did not engage in an act of academic dishonesty as determined by the faculty member

Summary of facts in support of this conclusion: (attach additional sheets if necessary):

**Based on this conclusion, the assigned academic penalty is:**

☐ Upheld

☐ Denied

☐ Modified as follows: ____________________________________________

Please forward copy to the Dean of Students: Attn: Academic Integrity Officer, Stovall Hall 150,
academic.integrity@unt.edu

Copy to Student

**ORIGINAL DOCUMENT TO DEPARTMENT**