



REPORT OF SUSPECTED HONOR SYSTEM INFRACTION

INTRODUCTION

The Honor System for PharmD students in the College of Pharmacy requires suspected Honor System infractions be reported to the Associate Dean of Professional Programs either in person or using this form. This form must be completed even if the suspected infraction is reported in person. The Honor System is available on the College of Pharmacy's web site (www.pharmacy.ohio-state.edu), or a copy may be obtained in the College Office or the Office of Student Affairs.

SUBSECTION TITLE

Name of student suspected of committing an Honor System infraction: _____

Course Name: _____ Course Number: _____

Instructor: _____

Date of suspected infraction: _____ Time of suspected infraction: _____

Name of person reporting the suspected infraction: _____

Check one:

- Instructor
- PharmD student
- Staff
- Other (please specify): _____

Description of the suspected Honor System infraction: [Please include details regarding the nature of what you observed, specify if there were other witnesses, describe steps taken subsequent to the incident in question, etc. Attach copies of all other relevant materials (e.g., copies of assignments or examinations, unauthorized materials used by students, course syllabi, etc.). Additional materials may be accepted subsequent to the original submission at the discretion of the Associate Dean, Honor Council, or Executive Committee. Attach additional pages, as needed.]

I declare that the foregoing information and all other relevant submitted materials are accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Date Received (to be completed by the Associate Dean for Professional Programs): _____