



# Academic Misconduct Faculty Referral Form

Faculty Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Course Name: \_\_\_\_\_ Section #: \_\_\_\_\_ Semester: \_\_\_\_\_

Student Involved in the Misconduct (please fill out a separate form for each student involved):

_____	_____	_____
Name	M Number	Email

_____	_____	_____
Address	Phone	Classification

Description of Incident (use additional pages if necessary):

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Have you met with the student to discuss this situation?  Yes  No  Scheduled To Meet

If yes, please describe the discussion and any agreements made:

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What academic penalty are you issuing to the student (i.e., grade reduction, failure for course, etc.)?

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Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to: Judicial Affairs and Mediation Services  
128 Keathley University Center  
P.O. Box 17; Murfreesboro, TN 37132  
PHONE (615) 898-2750; FAX 898-2851