



# Academic Integrity Referral

Office of Student Conduct  
University of Maryland, College Park  
2118 Mitchell Building  
College Park, MD 20742  
301/314-8204 (Phone)  
301/314-9533 (Fax)

## STUDENT(S) BEING CHARGED

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## LEAD INDIVIDUAL REFERRING THE CHARGE (FACULTY OR STUDENT)

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ADDITIONAL INDIVIDUALS REFERRING THE CHARGE

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## INFORMATION ON INCIDENT

In a separate letter, **please describe the incident exactly as it occurred including the date, time, location, and course where the incident took place.** Send all information and supporting materials to the Office of Student Conduct (address listed above).

*Please note that the information in this referral and the entire case file may be obtained by the referred student(s). All participants are expected to refrain from public disclosure of reports filed with the Office of Student Conduct.*

Signed by Lead Referring Individual: \_\_\_\_\_ Date: \_\_\_\_\_