

Faculty Name:

SIENA Academic Integrity Violation Accusation Form

Please download and complete this form and then submit it directly to the AVPAA. If text of the accusation description exceeds the block provided, attach a word document. Files ordinarily will be kept in the office of the AVPAA for five years or until one year after graduation. The files will be consulted only if a subsequent AIVAF has been filed by a faculty member.

Course Na	me and Number:		
Semester			
Student N	ame:		
Student II	Number:		

Please check as appropriate:

Student does not agree with sanction – also select if student has not responded to accusation

Student and faculty member agree to the sanction

Student has not been contacted by faculty member

Refer directly to the Academic Integrity Committee due to the egregious nature of the offense

Additional Comments:



SIENA	Academic Integrity Violation A	ccusation Form				
Description of accusation or complaint and sanction (attach additional information as necessary):						
Faculty/Administrator Signa	ture:	Date:				
Student Signature:	Date:					
(Note: Student signature is no	ot required for the submission of this form.)					

Once completed and signed, please email this form to AVPAA, Glenn Braddock (gbraddock@siena.edu).