

HONOR CODE VIOLATION REPORTING FORM

Please complete the required fields and send as an email attachment to **Grace DeMarco**, Honor Committee Student Chair at Grace.DeMarco@uscmed.sc.edu and **Michael Hall**, Honor Committee Student Advisor at Michael.Hall@uscmed.sc.edu

Name of Reporter:		Name of Accused:	
Title of Reporter:		Class of Accused:	
Department of Reporter:			

WHERE DID THE POTENTIAL VIOLATION OCCUR? (PLEASE SPECIFY WHICH CAMPUS OF THE SOM THE ACTION OCCURRED ON; IF OFF-CAMPUS, PLEASE INCLUDE AN ADDRESS)

WHAT IS/ARE THE DATE(S) AND TIME(S) OF THE POTENTIAL VIOLATION?

IS THIS PRIMARILY A PROFESSIONAL OR ACADEMIC ISSUE?

ARE THERE ANY OTHER WITNESSES? IF SO, PLEASE INCLUDE THEIR NAMES AND DEPARTMENTS.

HAS THE STUDENT IN QUESTION BEEN MADE AWARE OF THIS REPORT OR WARNED ABOUT THIS PREVIOUSLY?

PLEASE DESCRIBE THE EVENT/INCIDENT IN DETAIL BELOW

Signature and Date: