Violation of Student Code of Conduct Report

Student's Name:	
Student Identification Number:	
Instructor's Name:	Office Phone #:
Instructor's E-mail Address:	
Course Title:	
Course Title:S	ection Number:
Description of Incident (use additional pages if ne	cessary)
Describe the instructions that were given to the stu	ıdent:
Was the student asked to leave the class? Yes Did the student leave voluntarily? Yes No _	
Were the police contacted? Yes No	
Were the police contacted? Yes No If yes, officer's name: O	Officer's Department:
Action taken by Police (list report number and when	ether arrest occurred):
Faculty Member's Signature	Date:

Submit copy of form electronically to: student, department chair, and to Student Judicial Programs (who will share with Student Development Office) at <u>tp-sheridan@wiu.edu</u> or via fax to 309-298-1203