

## ACADEMIC INTEGRITY VIOLATION

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FACULTY: Complete sections A, B, and C and submit to the administrative office.

## SECTION A - STUDENT INFORMATION Stude nt Name: \_\_\_\_\_ Class Section: \_\_\_\_\_ Stude nt DSI#: \_\_\_\_\_ Course Number\_\_\_\_ Graduate Programs - Online Course Name: \_\_\_\_\_\_ Location:\_ SECTION B - INCIDE NT In the space below, please describe the academic integrity violation incident. SECTION C - SUPPORTING DOCUMENTS In the space below, please list the supporting documents attached (if any): SECTION D - STUDENT RESPONSE Student response (if any):

 $Comprehensive \quad consumer \quad information \ is \ available \ at \ chamberlain. edu/student consumer in fo$ 

FOR &LIN 670 N CAMPUS STUDENTS: Chamberlain College of Nursing, 2450 Crystal Drive, Arlington, Wa 22202, is certified to operate by the State Council of Higher Education for Virginia, 101 N. 14th Street, 10th Floor, James Monroe Building, Richmond, Wa 23219, 804.225.2600. Chamberlain College of Nursing has provisional approval from the Wginia Board of Nursing. Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, Wginia 23233-1463, 804.367.4515. AC0103