

**CHAPMAN UNIVERSITY DALE E. FOWLER SCHOOL OF LAW
HONOR SYSTEM**

Suspected Honor Code Violation Report Form

Report Number: HC-_____

§1.0 INSTRUCTIONS

Please read the instructions below carefully when filling out this two-sided form. You will be required to make a declaration that the following is true and correct to the best of your knowledge and that you understand that willfully failing to disclose or falsifying information may be an Honor Code violation. If you have any questions regarding the procession of this form, direct them ONLY to one of the Counselors from the Office of Student Assistance.

§2.0 DECLARANT INFORMATION

Please state your name, home address and home telephone number. If you work during the day, please state a telephone number where you can be reached during the day.

Full Name: _____ Student ID Number: _____

Address: _____ City: _____ Zip: _____

Telephone: Day: (____) _____ Evening: (____) _____

§3.0 SUSPECTED VIOLATOR & VIOLATION INFORMATION

Include the type of Honor Code violation; name(s) of suspected offender(s); date on which the violation occurred; location in which the violation occurred; and how the violation came to your attention. Attach a Supplemental Honor Code Violation Report Form as Necessary.

§3.1 Honor Code Violation

- | | |
|--|---|
| <input type="checkbox"/> Lying [H.C. §2.03(B)] | <input type="checkbox"/> Cheating [H.C. §2.03(C)] |
| <input type="checkbox"/> Stealing [H.C. §2.03(D)] | <input type="checkbox"/> Plagiarism [H.C. §2.03(E)] |
| <input type="checkbox"/> Obstruction [H.C. §2.03(F/G)] | <input type="checkbox"/> Criminal Misdemeanor or Felony [H.C. §4.01(A)] |
| | <input type="checkbox"/> Other: (Briefly describe) |

§3.2 Suspected Violator(s)

1. Name or description: _____
2. Name or description: _____
3. Name or description: _____

§3.3 Violation Particulars

Date: _____ Location: _____ Instructor: _____

How did the violation come to your attention: _____

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§4.0 WITNESSES TO SUSPECTED VIOLATION

State the name(s) of all other potential witnesses that you know of to the best of your knowledge. Attach a Supplemental Honor Code Violation Report Form as necessary.

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

§5.0 PERSONS WITH KNOWLEDGE OF SUSPECTED VIOLATION

State the names of all Law School students, faculty, and staff with whom you have discussed this potential Honor Code violation. Attach a Supplemental Honor Code Violation Report Form as necessary.

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

§6.0 DETAILED INFORMATION

Please describe the facts and circumstances of the suspected Honor Code violation. Be as specific and detailed as possible. Attach a Supplemental Honor Code Violation Report Form as necessary.

§7.0 DECLARATION OF TRUTH

I declare that the foregoing is true and correct to the best of my knowledge. I understand that willfully failing to disclose or falsifying information may be an Honor Code violation. Moreover, I understand that once filed this form may be viewed by the Dean, or his designee, the Office of Law School Advocate; or the Honor Council.

Executed on this ____ day of _____, 20____, at _____, California.

Signature of Declarant: _____

Printed Name of Declarant: _____

§8.0 OFFICE OF STUDENT ASSISTANCE

Signature of Interviewer: _____

Printed Name of Interviewer: _____ Student Number: _____

**CHAPMAN UNIVERSITY DALE E. FOWLER SCHOOL OF LAW
HONOR SYSTEM**

Supplemental Honor Code Violation Report Form

Report Number: HC-_____

§1.0 INSTRUCTIONS

Please read the instructions below carefully when filing out this two-sided form. You will be required to make a declaration that the following is true and correct to the best of your knowledge and that you understand that willfully failing to disclose or falsifying information may be an Honor Code violation. If you have any questions regarding the processing of this form, direct them ONLY to one of the Counselors from the Office of Student Assistance.

§2.0 DECLARANT INFORMATION

Please state your name, home address and home telephone number. If you work during the day, please state a telephone number where you can be reached during the day.

Full Name: _____ Student Number: _____

Address: _____ City: _____ Zip: _____

Telephone: Day: (____) _____ Evening: (____) _____

§3.0 SUPPLEMENTAL INFORMATION

Include the type of supplemental information being included on this form. Be as specific and detailed as possible. Attach a Supplemental Honor Code Violation Report Form as necessary.

§3.1 Type of Supplemental Information

- | | |
|--|---|
| <input type="checkbox"/> Suspected Violators | <input type="checkbox"/> Witnesses to Suspected Violation |
| <input type="checkbox"/> Persons with Knowledge of Suspected Violation | <input type="checkbox"/> Detailed Information |

§3.2 Detailed Supplemental Information

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