

## ACADEMIC DISHONESTY REFERRAL FORM

When referring a student for academic dishonesty, please complete and submit this form as an attachment to the Office of Student Rights & Responsibilities via the reporting portal on their website located at <http://www2.humboldt.edu/studentrights/>. Please contact their office, located in Siemens Hall, Room 211, at (707) 826-3504 or [osrr@humboldt.edu](mailto:osrr@humboldt.edu) with any questions.

**\*\*Please include all appropriate documentation with this report.\*\***

Student Name: \_\_\_\_\_ HSU ID # \_\_\_\_\_  
Address: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Office phone: \_\_\_\_\_

Course Name and Number: \_\_\_\_\_  
Description and date of incident:

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Date of Faculty/Student Conference: \_\_\_\_\_  
Action taken or planned:

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Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read this referral and any attached documents. I understand that I will be contacted by the Office of Student Rights & Responsibilities located in Siemens Hall, Room 211 to further discuss this matter. I understand that I am expected to cooperate with their office regarding this matter.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Student, Faculty Member, and Student's Major Department