

AMERICAN UNIVERSITY OF BEIRUT
FACULTY OF HEALTH SCIENCES
Cheating and plagiarism complaint form

- This form must be completed by a faculty member who suspects that a student has cheated or plagiarized.
- This form must be filled by the Faculty member within 15 academic days from the occurrence of the incident.

Department: _____

Date: _____

➤ ID of student(s) involved:

Major: _____

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

➤ Date of suspected cheating or plagiarism: _____

➤ Course: _____

➤ Description of suspected cheating and plagiarism, including evidence (Use back of form if more space is needed)

Submitted by: _____

Signature: _____

Chairperson: _____

Signature: _____

Number of occurrences:	0	1	2	3	
ID 1	□	□	□	□	(To be filled by Student Services)
ID 2	□	□	□	□	
ID 3	□	□	□	□	
ID 4	□	□	□	□	
ID 5	□	□	□	□	
ACC Decision:					

Authorized Signature: _____ Date: _____					