



ACADEMIC INTEGRITY REPORTING FORM

FOR THE FACULTY MEMBER/ COURSE INSTRUCTOR

Full Name: _____ Email: _____@cmkl.ac.th

Position/title: _____ Approx. Date of Violation: _____

Course Prefix and Number: _____ The course has been taught in: ☒ Fall ☐ Spring Year: _____

For a department of: ☒ Artificial Intelligence and Computer Engineering ☐ Electrical and Computer Engineering
☐ Technology and Creative Innovation

INVOLVED PARTIES (If applicable, list other students involved)

Name of Student Involved(1): _____ as a: ☐ accused ☐ witness ☐ other, _____

Name of Student Involved(2): _____ as a: ☐ accused ☐ witness ☐ other, _____

Name of Student Involved(3): _____ as a: ☐ accused ☐ witness ☐ other, _____

Name of Student Involved(4): _____ as a: ☐ accused ☐ witness ☐ other, _____

Which of the following type(s) of academic dishonesty best describes the infraction? Check all that apply.

- | | |
|---|---|
| ☐ Aiding in academic dishonesty | ☐ Plagiarizing |
| ☐ Cheating (any unauthorized assistance) | ☐ Submitting previously submitted work |
| ☐ Falsifying academic materials | ☐ Unauthorized access to exams or other confidential materials |
| ☐ Misrepresenting documents | ☐ Other (describe in elaboration text box below) |

Description of the Incident (Please provide a detailed description of the incident, including any witnesses who were present, what follow-up communication has occurred, and your conclusions on the matter. If desired, you may append supplemental documents following this form (such as evidence, syllabus, or additional explanation if the provided space is not adequate).

Faculty-Recommended Sanction: (If the case moves to a hearing, the Undergraduate Studies Committees or Graduate Studies Committees will be asked to review all documentation related to the case and may determine an alternative sanction.)

Signature: _____

Date of Submission: _____

Receipt of Report Submission

☐ Acknowledged	Name: _____	Signature: _____
	Assistant Director of Academic Affairs	
☐ Acknowledged	Name: _____	Signature: _____
	Associate Dean of Academic Affairs and Admissions	
☐ Acknowledged	Name: _____	Signature: _____
	Program Director	

UNIVERSITY REGISTRAR'S USE ONLY

Processed by: _____ Date: _____