

HONOR CODE INVESTIGATION FORM

Submit this completed form to the Registrar's Office either in person or at lawregistrar@barry.edu

I. NAME OF INDIVIDUAL SUBMITTING THE INVESTIGATION FORM:

Last Name: _____ First Name: _____

Address: _____

Barry Email: _____ Cell Phone # _____

Indicate Status: ___ Student ___ Faculty ___ Staff/Administrator/Other

II. NAME OF STUDENT THE STATEMENT IS BEING MADE AGAINST: (complete a form for each student involved in the incident)

Last Name: _____ First Name: _____

Term: _____ Year: _____ Student Status (If known): ___ 1L ___ 2L ___ 3L ___ 4L

III. DESCRIPTION OF THE HONOR CODE VIOLATION:

State the specific nature of the violation, including the date, time, and place that the Honor Code violation occurred. List relevant names of possible witnesses. Provide as much detailed information as possible (Attach additional pages if needed).

Signature

Date

OFFICIAL USE ONLY:

No further action taken.

Informal resolution taken. ___ Oral Reprimand ___ Written Reprimand ___ Other Action Taken

Proceed with a formal investigation. Investigator: _____ Prosecutor: _____

Senior Associate Dean for Academic Affairs: _____ Date: _____