

**George Mason University
The Honor Committee**

FACT SHEET

#1 ACCUSED: (Ms. or Mr.) _____

University ID G _____ Phone _____

Address _____

City _____ State _____ Zip _____

#2 ACCUSED: (Ms. or Mr.) _____

University ID G _____ Phone _____

Address _____

City _____ State _____ Zip _____

#3 ACCUSED: (Ms. or Mr.) _____

University ID G _____ Phone _____

Address _____

City _____ State _____ Zip _____

If more than three students are accused in this incident, please use the reverse of this sheet to include the information.

ACCUSER: _____

Faculty or Student? _____

Address or Department (please include Mail Stop) _____

Phone: Office _____ Home _____

Email address _____

Official Use Only

Case _____ Date Received _____

George Mason University

THE HONOR COMMITTEE

Case No _____

TESTIMONY FORM

Accuser _____ Date _____

Date of Alleged Violation _____ Date of Realization _____

Professor _____ Course _____

Building & Room Number _____

Name of Accused _____ Charge(s) _____

Name of Accused _____ Charge(s) _____

Name of Accused _____ Charge(s) _____

Weight of Work: _____ % of Final Grade

Have you had any prior association with the accused? _____

Describe what you saw that made you aware that the student (s) may have violated the Honor Code.

Signature

Date

continue on next page

If the alleged violation occurred in a classroom setting, please answer the following questions:

1. Number of students in the class: _____
2. Room Size: Large _____ Small _____ Tiered _____ Other _____
3. Type of Exam: Multiple Choice _____ Quiz _____
True/False _____ Test _____
Essay _____ Midterm _____
Final _____
4. Room Arrangement: Please diagram all pertinent information.

(Front of Room)

Signature

Date

George Mason University

THE HONOR COMMITTEE

PROFESSOR PENALTY RECOMMENDATION FORM

Accuser: _____

Accused #1 _____

Accused #2 _____

Accused #3 _____

Course _____ Section _____

This recommendation is made on the assumption that this is a first offense.

If this is a second offense:

Additional Comments:

Submitted by:

Name _____ Title _____

Signature

Date