

**Appendix 3.**

**University Of Massachusetts  
School of Medicine  
Honor Code Violation Report**

Student's name (type or print legibly): \_\_\_\_\_

Name and Title of Individual Filing Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**Summary of incident/s:**

Please describe incident including specific behaviors, dates, time frame and other persons involved. Narrative description is required.

*The Reporter attests that the information contained within this report is accurate and true to the best of their knowledge and belief.*

Reporter's Signature \_\_\_\_\_

Date \_\_\_\_\_