Office of Student Conduct

Student Disruption & Discipline Referral

Student Name: _________________________________ SID#: _____________________

Faculty/Staff Name: _________________________________________

Faculty/Staff Phone Number: ______________________________

Date(s) of Incident(s): ______________________________

Course Number, Section, & Location OR Location of Incident:
___________________________________________________

The above named student has exhibited the following behaviors and/or actions:

___ Inappropriate, threatening, abusive, or vulgar language
___ Willfully refuses to comply with proper requests
___ Possession or consumption of drugs or alcohol
___ Disorderly, indecent, or obscene conduct
___ Academic dishonesty or plagiarism
___ Sexual harassment of students or faculty
___ Possession of weapons
___ Physical threats or intimidation
___ Other ____________________________________________________________

Please describe the incident(s) leading to referral. (Use back and additional sheets if necessary.)
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Please return this form to the Office of Student Conduct:
University Center, 422 – Mail Stop 1500 – Phone: (573) 651- 2264 – Fax: (573) 986-7388