



WESLEY THEOLOGICAL SEMINARY

OFFICE OF COMMUNITY LIFE

4500 MASSACHUSETTS AVENUE, NW • WASHINGTON, DC 20016

202-885-8694 • FAX 202-885-8605

COVENANT OF PROFESSIONAL ETHICS AND BEHAVIOR: INCIDENT REPORT

--	--

Student's Name

Wesley ID Number

--	--	--

Degree Program

Semester

Course

Academic Dishonesty:
Check all that apply

Plagiarism

- Cheating
- Deception
- Falsification of data, information, or citations in any formal academic exercise
- Stealing
- Duplicate submission
- Failure to report violation
- Other _____

Professional Ethics
and Behavior:
Check all that apply

- Misuse of Property including technology, physical facilities, parking privileges, etc.
- Failure to be financially accountable
- Failure to meet required deadlines
- Disruptive and or disrespectful behavior
- Failure to negotiate Special Needs
- Failure to exercise Self-Care
- Failure to practice Dignity and Inclusiveness
- Violation of Harassment policies (verbal, visual, physical, and sexual)
- Other _____

Comments or record
of significant events or
incidents:

Please attach additional sheets
when necessary.

Reported by:	Signature:	Date:
--------------	------------	-------

Actions taken by Dean's Office:

Dean's Signature

Date