



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.)

Please return this form to the Office of Student Conduct:

University Center, 422 – Mail Stop 1500 – Phone: (573) 651- 2264 – Fax: (573) 986-7388