



THE UNIVERSITY OF  
**MISSISSIPPI**

SCHOOL OF LAW HONOR COUNCIL

THE HONOR COUNCIL  
HONOR CODE VIOLATION FORM

**THIS FORM MUST BE DOWNLOADED (RIGHT CLICK AND SAVE TO COMPUTER), COMPLETED (FILL OUT INFORMATION IN ALL FIELDS), & SUBMITTED TO [hgchoues@go.olemiss.edu](mailto:hgchoues@go.olemiss.edu) AS AN E-MAIL ATTACHMENT.**

Full Name of Claimant: \_\_\_\_\_

Class Year: \_\_\_\_\_

Full Name of Violator: \_\_\_\_\_

Class Year: \_\_\_\_\_

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

I, \_\_\_\_\_ (Claimant), under the provisions of the University of Mississippi School of Law Student Body Constitution, do hereby pledge that I have personal or substantial knowledge of a violation of the Honor Code. Accordingly, I state the following:

*(Please give a detailed description of the incident, including: 1) the place, 2) approximate time, 3) any names of third parties who may have also witnessed the incident, 4) any evidence of the violation, and 5) if applicable, the name of the course and instructor in which the violation took place)*

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\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Date of Filing

HONOR COUNCIL USE ONLY
_____ Honor Council Chair
_____ Date of Receipt of Complaint
_____ Date Complaint Submitted to Investigating Committee