**Academic Integrity Policy**

**Department Head Resolution Form**

**Basic Information:**

Student's Name: _____________________________  92#: _____________________________

Last    First    M

Term:  Fall  Spring  Summer  20____

Course: _____________________________

**Nature of Allegation:**

Cheating  Plagiarism  Fabrication  Facilitation

**Sanction Decision:** Upon review of pertinent data from the faculty member and information provided by the student, I have made the following decision related to this matter:

___ I uphold the decision and sanction(s) of the faculty member

___ I overturn the decision of the faculty member and find the student not responsible for the allegations

___ I find the student responsible for the allegations; however, I modify the sanction(s) to the following (not to exceed assigning a failing grade for the course):

**Department Head and Student Meeting:** Within 5 business days of receiving an appeal from a student, the Department Head will schedule a time to meet with the student. If the student does not adhere to deadlines, the form will be completed with a note that the student did not participate in place of his/her signature. The signature(s) below indicate confirmation of the notification and opportunity of the student to respond to the allegation.

Department Head sent notification via ____________ on ___________. Student responded via ____________ on _________.

Student: _____________________________  Signature: _____________________________  Date: ____________

Dept. Head: _____________________________  Signature: _____________________________  Date: ____________

**Student Response:**

___ I have read this document, and understand the seriousness of violations of the Academic Integrity Policy. My signature acknowledges that I am in violation of the Academic Integrity Policy as outlined, I accept the sanction as written, and as a result waive my rights to further due process proceedings.

___ I have read this document, and understand the seriousness of violations of the Academic Integrity Policy. My signature acknowledges that I do not agree with the assessment of the Department Head and I elect to exercise my right to have a hearing before an Academic Integrity Board by contacting ______________________________ (academic Dean).

Student: _____________________________  Signature: _____________________________  Date: ____________

Dept. Head: _____________________________  Signature: _____________________________  Date: ____________

A copy of this document must be given to the student during the meeting when s/he makes a decision on how to proceed. After all documentation has been completed, the department head is responsible for sending copies of this document to the Associate Vice Chancellor/Dean of Students (114 Scott East or lskoett@wcu.edu) and his/her dean.