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):

Sanction Deadline Date and Time: ___________________________

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: ____________
Please Print

Dept. Head: ___________________________  Signature: ___________________________  Date: ____________
Please Print

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). I understand that I must submit a written appeal to the designated Dean within 5 days of this meeting.

Student: ___________________________  Signature: ___________________________  Date: ____________
Please Print

Dept. Head: ___________________________  Signature: ___________________________  Date: ____________
Please Print

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 faculty member is responsible for sending copies of this
document and all supporting materials (i.e. copy of paper(s)/exam(s), evidence of plagiarism, course syllabus, etc…)
to the Associate Vice Chancellor/Dean of Students (114 Scott East or kskoett@wcu.edu) and his/her Dean.