

## Academic Integrity Policy

### Department Head Resolution Form

#### Basic Information:

Student's Name: \_\_\_\_\_ 92#: \_\_\_\_\_  
                            Last                                    First                                    M

Term: \_\_\_\_\_ 20\_\_\_\_\_ Course: \_\_\_\_\_

#### Nature of Allegation:

**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: \_\_\_\_\_  
                            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).

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 department head is responsible for sending copies of this document to the Associate Vice Chancellor/Dean of Students (114 Scott East or [kskoett@wcu.edu](mailto:kskoett@wcu.edu)) and his/her dean.**