Academic Integrity Policy
Faculty Resolution Form

Basic Information:

Student's Name:_____ **92#:** _____
Last First M

Term: Fall 20____ **Course:** _____

Nature of Allegation: (please select one of the following allegations, attach supporting documentation [i.e. copy of paper(s)/exam(s), evidence of plagiarism, etc…], and a copy of your course syllabus.

Cheating

Proportion of the course grade represented by the work in question (if applicable): _____

Sanction(s): Faculty members may assign sanctions to include a maximum of assigning a grade of "F" for the course. Possible sanction(s) include re-submitting the assignment, issuing "0" points or a grade of "F" for the assignment, requiring the student to participate in Academic Integrity Education through DSCE, or issuing a grade of "F" for the course.

Faculty and Student Meeting: The student must be notified in writing (in a means that is able to be tracked – i.e. e-mail, certified letter, student picking up and signing for a letter) of the allegation and sanction(s) within 10 business days of discovery by the faculty member. Upon receipt of the notification, the student must respond to the allegation of the faculty member within 5 business days. 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.

Faculty sent notification via_____on_____. Student responded via_____on_____.

Student:_____ Signature:_____ Date: _____
Please Print

Faculty:_____ 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 faculty member and I elect to exercise my right to meet with my instructor's department head_____.

Student:_____ Signature:_____ Date: _____
Please Print

Faculty:_____ 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 to the Associate Vice Chancellor/Dean of Students (114 Scott East or kskoett@wcu.edu) and his/her department head.