Academic Integrity Policy
Faculty Resolution Form

Basic Information:

Student's Name: ____________________________  92#: ____________________________

Last  First  M

Term: Fall  Spring  Summer  20___  Course: ____________________________

Nature of Allegation: (please circle one of the following allegations)

Cheating  Plagiarism  Fabrication  Facilitation

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, issuing a grade of “F” for the course, etc.

Sanction Deadline Date and Time: ____________________________

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(s) of the faculty member in person and/or written format within 5 business days. If the student does not adhere to deadlines, the form will be completed by instructor with “Student did not participate” on student signature line. 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: ____________

Faculty: ____________________________  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(s) 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 ____________________________. I understand that I must submit a written appeal to the department head within 5 days of this meeting.

Student: ____________________________  Signature: ____________________________  Date: ____________

Faculty: ____________________________  Signature: ____________________________  Date: ____________

A copy of this document must be given to the student during the meeting when a decision is made 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 for Student Success (wmoultrie@email.wcu.edu) and their department head.