**Report of Violation of Academic Integrity**

**Graduate Students**

**(Part I)**

This page is to be completed by the faculty member alleging the violation and the student who is charged.

Please forward the completed form to the Department Chair for completion of Part II.

**Student Name:** **ID #:**

**Course Name & Number or Program Requirement Name:** **Faculty Member:**

**Date violation occurred: (**month, day, year)

**Please refer to the Academic Integrity Policy in the University Catalog for timeline information.**

1. **Charge** (description of violation and evidence for charges):
2. **Summary of Meeting concerning the violation**:
3. **Faculty Recommended Penalty**:

Completion of alternate assignment without a grade reduction

Completion of alternate assignment with a grade reduction (grade will be      )

Reduced grade on the assignment (grade will be      )

Reduced grade for the course (grade will be      )

F for the assignment

F for the course (A course grade of F will lead to program dismissal per the Graduate School Academic Standing Policy)

Failure of a program requirement such as a comprehensive exam

Other (please explain):

1. The faculty member  will /  will not request further penalties (as specified below). If further penalties are requested, the violation must go before a hearing. Further penalties will result in a permanent record in the student’s disciplinary file and academic record.

**Further penalties requested**:

Probation – Specified period of time given to modify behavior or complete specific assignments

Suspension – Involuntary separation from the university for a designated period of time

Dismissal from the program – Permanent dismissal from the program

Dismissal from the university – Permanent dismissal from the university

Expulsion from the university – Permanent separation from the university with additional disciplinary sanctions specified in the WCU Student Code of Conduct

The student has the right to appeal the charge and/or the penalty. An appeal of these charges will not result in a more severe penalty being recommended by the reviewing bodies. (See the University Graduate Catalog for further information concerning the appeal process. There is specific timing for the appeal process.)

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Faculty Member Date

1. **Student Action**

I admit that the charges are true and accept the penalty imposed by the faculty member.

I do not admit guilt, but I will accept the penalty imposed by the faculty member.

I wish to appeal my case to the Department Chair, Dean, and Academic Integrity Review

Board.

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Signature of student Date

**Report of Violation of Academic Integrity**

**(Part II)**

**Option 1: The student accepts the penalty**

This page is to be completed by the department chairperson and the college dean whenever the student accepts the penalty being imposed. Part I, which includes the faculty member’s recommendations as to penalties, will always be attached.

**Student Name:       ID #:**

**Course Name & Number or Program Requirement Name:       Faculty Member:**

**Date violation occurred: (**month, day, year)

**Please refer to the Academic Integrity Policy in the University Catalog for timeline information.**

The above named student has accepted the penalty imposed by the faculty member.

**No appeal is being filed.**

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Signature of Department Chairperson Date

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Signature of Dean (or designee) of college offering the course Date

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Associate Provost (or designee) Date

**Report of Violation of Academic Integrity**

**(Part II)**

**Option 2: The student appeals the penalty**

This page is to be completed by the department chairperson, the college dean, and the graduate dean whenever the student appeals the penalty. Part I, which includes the faculty member’s recommendations for penalties, will always be attached.

**Student Name:       ID #:**

**Course Name & Number or Program Requirement Name:       Faculty Member:**

**Date violation occurred: (**month, day, year)

**Please refer to the Academic Integrity Policy in the University Catalog for timeline information.**

The above named student **does not admit guilt** and wishes to appeal the penalty imposed by the faculty member.

The above named student **admits guilt** but wishes to appeal the penalty imposed by the faculty member.

The student will meet with each of the following individuals as part of the appeal process: the Department Chair (or designee), the College Dean (or designee), and the Graduate Dean (or designee). Each should attach a summary of their meeting with the student.

**A.** **Department Chai**r **(or designee):** I  do /  do not concur with the recommendations of the faculty member. (See attached explanation).

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Signature of Department Chairperson (or designee) Date

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Signature of student Date

**B.** **College** **Dean (or designee):** I  do /  do not concur with the recommendations of the faculty member and Chair. (See attached explanation).

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Signature of Dean (or designee) of college offering the course Date

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Signature of student Date

**Part II continued on the next page.**

**C.** **Graduate** **Dean (or designee):** I  do /  do not concur with the recommendations of the faculty member and Chair. (See attached explanation).

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Signature of Dean (or designee) of college offering the course Date

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Signature of student Date

**D.** **Academic Affairs**: Report Received. Student  does /  does not wish to proceed to an Academic Integrity Board hearing.

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Associate Provost (or designee) Date