ACADEMIC MISCONDUCT APPEAL FINDING REPORT FORM

This form is used by the Undergraduate Appeal Committee to report the findings of the student appeal of academic misconduct in accordance with the Code of Academic Integrity (Policy 7.002). This information will be submitted to the Dean of Students for inclusion in the student record and may be used for further documentation for application of the Code of Student’s Right, Responsibilities, and Conduct.

STUDENT INFORMATION

Name ___________________________________________  Student ID ________________________

As it appears on the Class Roster  See Class Roster

Student UNTD Email ______________________________________________________________________

REPORTING INSTRUCTOR

Name ___________________________________________  Program and School ____________________________

UNTD Email _____________________________  Phone _______________________________________

COURSE INFORMATION

Course Number _____________ PREFIX-XXXX, e.g. PSYC 1100  Section ___________ ###, e.g. 030

Date of the Violation or Detection of the Violation _____________________ MM-DD-YYYY

FINDINGS

Summary of the instructor findings and academic sanction.

___________________________________________________________________________________________

Did the Committee meet with any individuals in person (or video conferencing) before rendering a decision?

Yes ___ No ____  If so, who ___________________________

Summary of the Committee Findings

___________________________________________________________________________________________

ATTACHMENTS

1. Attach any additional documentation that the Committee reviewed in order to make a decision.
2. Attach any other documents related to your investigation, such as student statements, emails, or other correspondence between you and the student, etc.

This additional documentation is an important piece of the investigation for the Office of Community Standards and Dean of Students. These documents will be archived with this report in the Dean of Student’s Office in accordance with the University Records Management Policy.

By signing this document, I understand and confirm that all of the information submitted on this form is accurate and complete to the best of my knowledge.

Signature ___________________________________________  Date ______________________________

Submit copies to the Dean of the School, Dean of Students, and the student.