

Academic Honesty Violation Form (APS 810213)

Date:

Student Name:

SHSU ID Number:

Instructor's Name:

Dept. and College:

Course and Section:

Semester and Year:

Brief Statement of Incident: (Please attach any documentation. Use additional pages, if necessary.)

Instructor's Plan for Disciplinary Action:

Penalty Accepted: YES NO

Student's Signature: _____

(If penalty accepted, the student admits guilt for the act of dishonesty identified above and/or acknowledges acceptance of the plan for disciplinary action. If the student disagrees with the allegation and/or the instructor's proposed plan for disciplinary action and wishes to appeal, the student should refer to the steps below in Procedures.)

Instructor's Signature: _____

Department Chair's Acknowledgment: _____

Procedures:

- Your written appeal must be initiated within 10 working days of the notification of the alleged violation and academic penalty.
- The reviewing instructor or administrator will respond in writing to your appeal within 10 working days of receipt of the appeal.
- Levels of appeal:
 1. Your instructor
 2. The instructor's Department Chair
 3. The instructor's Dean
 4. The Provost
- Each level of appeal begins with your written request for review.
- When you do not appeal to the next level, on the 11th working day, any academic penalty imposed shall be affirmed by the last reviewer.