INDIANA UNIVERSITY KOKOMO
Faculty Disposition of a Case of Academic Misconduct

Before proceeding with a conference with the student, the faculty member should consult the Code of Student Rights, Responsibilities, and Conduct [http://www.iu.edu/~code/code/index.shtml].

For questions, please call Sarah Sarber at (765)455-9204.

An instructor should use this form at the conclusion of the informal conference to document compliance with Sections IV.B. and IV.C. of the Code of Student Rights, Responsibilities, and Conduct. In fulfillment of Part IV.B.1.c. of the Code of Student Rights, Responsibilities, and Conduct, the faculty member is required to report the matter within seven calendar days in writing to the Dean of Students, who will send the report to the student, the dean or director of the school or unit in which the offense occurred, and the student’s dean or director.

It is not necessary to type this form, but please make it legible.

1. It has been determined that the following student committed a violation of IU policies on academic misconduct:

   Name ______________________________________________________

   University ID #: _________________________

   Dept. & Course #: ___________ Section #: __________

2. Type of violation:

   _______ Cheating         _______ Fabrication       _______ Facilitation

   _______ Interference    _______ Plagiarism       _______ Violation of Course Rules


4. Academic sanction imposed by instructor: Additional penalties may be imposed by the Dean of Students after reviewing this form and other records.

   _______ no penalty

   _______ resubmit assignment, paper or project (specify requirements and due date)

   _______ retake exam

   _______ complete additional assignment, course work, exam or paper

   _______ lower grade on assignment, exam, or paper involved

   _______ failing grade on assignment, exam, or paper involved

   _______ required to withdraw from course with W or F, at faculty member’s discretion

   _______ a reduced final grade or a failing grade for the course (specify grade)

Faculty Name (Please print) ______________________________ Dept./Room # _____________

Signature ______________________________________ Date _________ Phone ___________
5. **Appeals:** A student has the right to appeal any of the following decisions:
   a. The faculty member’s decision that the student committed the act of misconduct.
   b. The faculty member’s decision to impose a particular academic sanction.
   c. The decision of the Dean of Students to impose an additional sanction.

   Should you have any questions about the discipline procedures, please contact the Dean of Students before you sign this form.

6. **Student Response:**
   A. I understand the violation with which I am charged, accept the faculty disciplinary sanction, and waive my right to a hearing. I understand that if circumstances warrant, the Dean of Students may consider additional sanctions and a hearing with proper notification will be held to consider any additional sanctions. I understand that this form will be kept in a confidential file in the Office of the Dean of Students.

   Student Signature ____________________________________________

   Mailing Address _____________________________________________

   ____________________________________________________________

   Phone _______________________ Date __________________

   B. I understand the violation with which I am charged, but plan to appeal the decision and sanction of the faculty member. The appeal must be submitted, in writing to the appropriate office within the academic unit in which the violation occurred, within seven days of being notified in writing of the faculty member’s decision concerning the violation. (Note: Please review Part IV.B.3-5 to learn of additional due process). I understand that if circumstances warrant, the Dean of Students may also consider sanctions and a hearing with proper notification will be held to consider any additional sanctions. I understand that this form will be kept in a confidential file in the Office of the Dean of Students.

   Student Signature ____________________________________________

   Mailing Address _____________________________________________

   ____________________________________________________________

   Phone _______________________ Date __________________

   The student did not appear or was unavailable, or would not sign this form.

   Faculty Initials

**SEND THIS FORM TO:** Sarah Sarber, Dean of Students
Kelley Student Center room 210

Revised: 08/11/2010