CHARGE OF ACADEMIC MISCONDUCT

Last Name	First Name	Initial	KU ID#

Department	Course#	Course Title	CR Hrs	Semester

1. Briefly describe the alleged academic misconduct. (You may attach additional information.)

2. Recommend one of more sanctions listed below:

( ) Censure-written warning or reprimand
( ) Reduction of Grade for Particular work (Indicate grade: **zero**, F, D, or other _____)
( ) Reduction of Grade for the Course (Indicate grade: F, D, or other _____)
(Not eligible for Course Repeat Policy, Withdrawal, or Retroactive Withdrawal)
( ) *Transcript Citation of Academic Misconduct – (Must also indicate grade: F, D, or other _____)
( ) *Suspension from a specific course
( ) *Suspension from the University of Kansas – Noted on Transcript
( ) *Expulsion from the University of Kansas – Noted on Transcript
*Charge will be heard at School level

Instructor Signature	Date	Instructor's Name Printed

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Department Chair/Director: Student Misconduct Record Review through Provost Misconduct Officer (864-4904)

( ) No previous incidence(s) on file – No change to recommended sanction above.
( ) Previous incidence(s) on file – Recommended sanction elevated to: _____

Department Chair Signature	Date	Chair's Name Printed

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Student Contact

Email Date:_____ Direct Contact Date:_____ Certified Mail Date:_____

All information above must be completed and available to the charged student within 10 calendar days of the date of the instructor's discovery of the misconduct. Student/Faculty Initial:_____

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Student: You must sign this form and return it to the chairperson of the department **within ten** (10) calendar days. FAILURE TO RETURN THIS FORM ON TIME WILL BE JUDGED TO INDICATE YOUR AGREEMENT WITH THE ABOVE CHARGE OF ACADEMIC MISCONDUCT AND TO WAIVE YOUR RIGHT TO APPEAL THE CHARGES.

___ I admit to the above charge of academic misconduct and accept the recommended sanction.

___ I admit to the above charge of academic misconduct but wish to appeal the proposed sanction.

___ I deny the charge of academic misconduct and wish to appeal the proposed sanction.

Student Signature	Date	( ) I received information regarding policy & procedures ( ) I did not receive information regarding policy & procedures

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Hearing Scheduled: _____ _____ _____ ( ) Department
Date Time Location ( ) School of Education & Human Sciences

Findings:
( ) Charge Dismissed.
( ) SANCTION(S) IMPOSED: _____
Results of Misconduct Hearing will be communicated to the student in writing within 30 days of decision.