

The University of Findlay
Student Academic Standards Committee
Academic Dishonesty Appeal Form

An appeal is your opportunity to challenge an academic dishonesty charge or the penalty associated with the charge. If you have questions about the appeal process or about completing this form, please contact the Office of the Registrar at extension 5101. **Incomplete appeals will not be reviewed.**

Name: _____ Student ID Number: _____

Academic Program: _____ Academic Status: FR SO JR SR GRAD

Address: _____
Street City State Zip Code

Phone Number: _____ Cell Phone Number: _____

University Email: _____

Please give an address and telephone number where you can be contacted outside of the academic term (the academic term may end before the issue has been settled). It is your responsibility to ensure that all contact information is current and accurate. Failure to do so will result in delays and possible dismissal of your application. Any changes must be reported immediately.

Address outside of academic term: _____
Street

City State Zip Code Country Code

Phone Number: _____ Cell Phone Number: _____

Procedure Checklist:

- All components of the appeal have been attached including signatures.
- All required documentation must be provided for committee review

Academic Dishonesty Appeal - Student (*Required*)

A student wishing to appeal must provide the reason, justification, and when possible, supporting documentation. Also, the paperwork associated with the instructor and college delegate meeting must be included. Attach additional sheets if necessary.

I confirm that the information provided in this appeal is complete in accordance with the appeal procedures as outlined in the Undergraduate/Graduate catalog.

I understand the decision of the Student Academic Standards Committee is final.

Student Signature

Date

Academic Dishonesty Appeal – Department Chair/Program Director (*Optional*)

The student has the right to contest the charge with the Department Chair/Program Director in hopes of a resolution. If a resolution is reached, the Department Chair/Program Director will rectify the situation. If the student chooses this path and a resolution is not reached, the Department Chair/Program Director will summarize his/her position below. The student is expected to include a reflective statement outlining why he/she does not agree with the Department Chair/Program Director written position. Attach additional sheets if necessary.

The Department Chair/Program Director's signature is required if the student chooses to appeal the charge with the Department Chair/Program Director.

Department Chair/Program Director Signature

Date

I opted not to meet with the Department Chair/Program Director. Student's Initials: _____

Academic Dishonesty Appeal – Associate Vice President for Academic Affairs (*Required*)

The student **MUST** meet with the Associate Vice President for Academic Affairs with all prior components of this form completed. If a resolution is reached, the Associate Vice President for Academic Affairs will rectify the situation.

If a resolution is not reached, the Associate Vice President for Academic Affairs will summarize his/her position below. The student is expected to include a reflective statement outlining why he/she does not agree with the Associate Vice President for Academic Affairs written position. Attach additional sheets if necessary. At this point, the appeal must be submitted to the Office of the Registrar for review by the Student Academic Standards Committee.

The Associate Vice President for Academic Affairs's signature is required.

Associate Vice President for Academic Affairs Signature

Date