

Please Print or Type
FORM D (Student)

**ACADEMIC INTEGRITY PANEL
ALLEGED ACADEMIC INTEGRITY VIOLATION APPEAL FORM**

**THIS FORM MUST BE TURNED IN TO 101 WHITEHURST ON OR BEFORE
THE DEADLINE (5 school days after resolution meeting) DATE OF: _____**

Name: _____ Date: _____

Classification: _____ Student CWID: _____

Address: _____ College: _____

City, State Zip: _____ Phone: _____

E-mail address: _____

| |
|---|
| Course Title: _____ |
| Course Prefix and Number: _____ Semester: _____ |
| Instructor's Name: _____ |

The Academic Integrity Panel meets each week at the following times. Please circle the times you might be available to meet. If there is a date that it would be inconvenient for you to meet please write it down beside the time.

Times Board Meets

Dates Student Cannot Meet

| | |
|--|--|
| Monday 9:00-10:30am Monday 1:30-3:00pm Monday 3:30-5:00pm Tuesday 9:00-10:30am Tuesday 3:30-5:00pm Wednesday 9:00-10:30am Wednesday 1:30-3:00pm Thursday 9:00-10:30am Thursday 3:30-5:00pm | |
|--|--|

This form, a concise statement explaining your reason for appeal and a copy of the completed AI resolution form should be completed and submitted to the Academic Integrity Panel, Office of the Provost and Senior Vice President for Academic Affairs, Room 101 Whitehurst Hall by the deadline date of: _____

Student Signature _____ Date _____

OSU's Academic Integrity Policy states, "The student must submit documentation to the panel within five school days after completion of the Academic Integrity Resolution Form."