FORM A

ACADEMIC INTEGRITY VIOLATION NOTIFICATION
(Given to Students Before Meeting)

DATE: ________________________________

TO: ________________________________

FROM: ________________________________

SUBJECT: Alleged Violation of the Academic Integrity Policy

Enclosed you will find a copy of a report that indicates a possible violation of Oklahoma State University's Academic Integrity Policy. It is very important that you contact me no later than Time __________ Day ___________ Date _______________ to schedule a meeting to discuss this issue.

Please contact me between 9:00 a.m. and 5:00 p.m., Monday through Friday to schedule your appointment. I can be reached by phone at _______________ or by email at _________________________________.

One of the following people will attend the meeting as an Academic Integrity Facilitator:

___________________________________________________________________________________________

Be aware that if you should fail to schedule a meeting by the date noted, or choose not to attend your scheduled appointment, a decision will be made in your absence based upon the information available as to whether or not a violation of Academic Integrity has taken place.

Thank you for your cooperation in this matter.

Please note: you may not drop this course. If you drop the course, you will be re-enrolled by the Registrar. If this is your second violation, you will be contacted by the Academic Integrity Panel about additional sanctions.

Distribution:
Original – Student: Send or give to student with a copy of the Academic Integrity Violation Form
1 Copy – Faculty Member: Retain if student is found responsible for the violation or referred to Academic Integrity Panel, destroy if case dismissed
1 Copy – Academic Integrity Facilitator. At the end of the resolution meeting send this memo and form to: Academic Integrity Panel Assistant, 101 Whitehurst if the student is found responsible for the violation or referred to Academic Integrity Panel.
FORM B

ACADEMIC INTEGRITY VIOLATION FORM
(Given to Students Before Meeting)

Name of Student: _________________________________________ Student ID: _______________________

Name of Class: ___________________________________ Course #: ______________ Section: ______

Name of Instructor: ___________________________________ Date/Time of Incident: __________________

Instructor’s Dept.: ______________________________ Office Address/Phone: ________________________

Instructor’s Email: ____________________________________________________________________________

Description of Incident: (Please include a copy of all supporting documentation/attach additional pages if needed)
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For questions or concerns regarding alleged violations of academic integrity, please contact the Office of Academic Affairs at 744-8781.

Distribution:
Original – Student: Send with Academic Integrity Violation Notification form
1 Copy – Faculty Member: Retain in file if student is found responsible or shred if case is dismissed
1 Copy – Academic Integrity Facilitator. At the end of the resolution meeting send this memo and form to: Academic Integrity Panel Assistant, 101 Whitehurst if the student is found responsible for the violation or referred to Academic Integrity Panel