Academic Integrity Appeal Form

THIS FORM MUST BE SUBMITTED TO 101 WHITEHURST ON OR BEFORE THE DEADLINE
(5 school days after resolution meeting) DATE: ________________________________

Name: _____________________________ Date: _____________________________

Classification ___________________________ CWID ______________

Email address ____________________________________________________________________________ Phone _____________________________

Course Title ___________________________ Prefix & Number ______________

Instructor’s Name ___________________________ Semester ______________

The Academic Integrity Panel meets several times a week. If there is a date that would be inconvenient for you to meet, please write it down.

DATES STUDENT CANNOT MEET

1. _____________________________
2. _____________________________
3. _____________________________

This form and a concise statement explaining your reasons for appeal should be completed and submitted to the Academic Integrity Coordinator in Academic Affairs, 101 Whitehurst.

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.”