CHARGE OF ACADEMIC MISCONDUCT
KU School of Education & Human Sciences

_____	_____	_____	_____
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 KU Policy Office (ph:785-864-4913)

( ) 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.

_____	_____	( ) I received information regarding policy & procedures
Student Signature	Date	( ) 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.