

CHARGE OF ACADEMIC MISCONDUCT

Last Name First Name Initial KU ID #

Department Course # Course Title Cr. Hrs. Semester

1. Briefly describe the alleged academic misconduct: _____(Attach supporting evidence.)

2. Recommend one or more sanctions listed below:

- ☐ Censure-written warning or reprimand
☐ Reduction of Grade for Specific 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 or their Designate: Student Affairs (785) 864-4060 or Office of the Provost (785) 864-4904

- ☐ 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

E-mail Date: _____ Direct Contact Date: _____ Certified Mail Date: _____

All information above must be completed and available to the charged student within 10 calendar days of discovery and investigation 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.

Student Signature Date ☐ I received information regarding policy & procedures.
☐ I did not receive information regarding policy & procedures.

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Hearing Scheduled: _____ () Dept.
Date Time Location () School

Findings:

- ☐ Charge Dismissed.
☐ SANCTION(S) IMPOSED: _____

Results of Misconduct Hearing will be communicated to the student in writing within 30 days of decision.

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Documents forwarded to Director of Student Academic Services & Success: _____ (Date)