

INFORMATION

Student Name: _____ Student Number: _____

Decision-maker Name: _____ Phone Local: _____

Supervisor Name: _____ Phone Local: _____

Course Code and Section Number: *e.g. ENGL 100 01 (if applicable)* _____

Evaluation Name *(if applicable)*: _____

NOTE TO STUDENT:

The decision-maker* has reported an act of misconduct contrary to the College's policy *2.4.4 Student Conduct*. The specifics of this misconduct are set out below. A copy of this form will be sent to the Registrar with the signature of the appropriate department head, director or manager.

If you wish to appeal (dispute) the misconduct decision, contact the Dean within 10 (ten) working days (refer to *Policy 2.5.3 Student Appeals* for more information).

DETAILS OF ALLEGED MISCONDUCT

DECISION-MAKER TO COMPLETE THIS SECTION

Identification of Misconduct *(see policy for definitions)*:

Academic Misconduct

Unacceptable Behavior

Summarize the reported misconduct. Include dates, times and location and attach additional pages and documentation as necessary:

Interviewed by: _____

Date: _____

**Decision-maker: Any member of the College faculty, staff, President, Vice-President, Dean, Director, Department Head, or Manager who holds the authority for making a decision regarding final grades or for imposing discipline.*

Indicate which of the following (as applicable) is being provided with this form:

- A copy of the student's work with suspicious areas highlighted or otherwise clearly noted*
- A copy or excerpt from work plagiarized*
- Assignment or examination instructions (indicate value of assignment/exam)*
- Names of witness(es) and/or witness statements, as appropriate*
- Course Outline*
- Email or other correspondence related to the case*
- Information about the student's performance on other assignments in the course*
- An Incident report required as per Policy 4.8.2 Abuse and Violence in the Workplace*

List of items attached if not noted above:

Indicate any recommendations or additional information that may be relevant to the allegation:

Decision-maker's Signature

Date

Supervisor's Printed Name and Signature

Date

*Student's Signature** (**acknowledging receipt of report)*

Date

***A copy of this form shall be sent to
the Registrar's Office
once completed and signed.***