

**SHTM ACADEMIC DISHONESTY INCIDENT REPORT
PROGRAM RESOLUTION FORM**

PROGRAM:

ACCUSED:

CHARGES BROUGHT FORTH BY:

DATE OF ALLEGED EVENT:

DESCRIPTION OF ALLEGED EVENT:

CHAIR OF ACADEMIC STANDING COMMITTEE NOTIFIED:

(ASAP after alleged event)

Date of notification: _____

DATE OF RESOLUTION:

DESCRIPTION OF RESOLUTION PROCESS:

OUTCOME OF RESOLUTION PROCESS:

SUPPORTIVE DOCUMENTATION, INCLUDING SEPARATE STATEMENTS
FROM ACCUSER AND ACCUSED REGARDING THE INCIDENT, ATTACHED:

PENALTY:

SIGNATURE PAGE

TO THE ACCUSED: I have been notified of the accusation, and have been referred to the policies and procedures for academic dishonesty which is a part of my student handbook. I have been informed of my right to consult the dean of academic and student affairs on matters pertaining to policy and procedure on academic dishonesty. I have been presented with the opportunity to admit the allegation and accept the penalty recommended by the program. I have also been advised of my right to appeal this allegation and/or penalty to the SHTM academic standing committee.

I have been given a time period of five business days to consider either resolution within the program or adjudication by the SHTM academic standing committee.

Signed: _____ Date: _____

TO THE ACCUSED: I have been notified of the accusation, and agree that I have committed the act of academic dishonesty described above:

Signed: _____ Date: _____

OR

I have been notified of the accusation, and deny that I have committed the act of academic dishonesty, and request that the allegation be brought forward to the academic standing committee:

Signed: _____ Date: _____

TO THE ACCUSED: I have been advised of the penalty, and am in full agreement, and will comply, with the penalty:

Signed: _____ Date: _____

OR

I have been advised of the penalty, and do not accept the penalty, and therefore request that the matter be brought forward to the academic standing committee:

Signed: _____ Date: _____

TO THE FACULTY OR STUDENT ACCUSOR: I have been advised of the penalty, and/or process as appropriate, and am in full agreement with the penalty:

Signed: _____ Date: _____

OR

I am not in agreement with the penalty and request that the matter be brought forward to the academic standing committee:

Signed: _____ Date: _____

TO THE CHAIR OF THE ACADEMIC STANDING COMMITTEE: I have overseen the program resolution process, and found it to be in compliance with current policies and procedures governing academic dishonesty.

Signed: _____ Date: _____