

**SCHOOL OF PROFESSIONAL STUDIES
CHARGE OF ACADEMIC MISCONDUCT**

Last Name	First Name	Initial	KU ID #
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Department	Course #	Course Title	Cr. Hrs.	Semester
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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

Instructor Signature	Date	Instructor's Name Printed
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SPS Associate Dean or their Designate: Student Misconduct Record Review through Misconduct Officer

- No previous incidence(s) on file – No change to recommended sanction above.
- Previous incidence(s) on file – Recommended sanction elevated to: _____

Associate Dean Signature	Date	Associate Dean'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.

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

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Hearing Scheduled: _____

Date	Time	Location
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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 SPS by Academic Program on: _____(Date)