

**ACADEMIC HONOR POLICY
REFERRAL TO CONTEST SANCTION**

(Please submit with all signatures within 10 days of the Step 1 meeting.)

Student Name: _____ EMPLID: _____ Student Email: _____

Instructor Name: _____ Instructor Email: _____

Department/College: _____ Course: _____ Semester: _____

Alleged Violation: (Check number of code violation – see <http://fda.fsu.edu/content/download/21140/136629/AHPFinal2014.pdf>)

1 2 3 4 5 6 7 8

Description of Alleged Violation:

Date of Alleged Violation: _____

Proposed Sanction:

Instructor Comments Regarding Proposed Sanction:

Students should contact the Dean of Students Department (644-2428) for more information.

I hereby agree that I have violated Florida State University's Academic Honor Policy in the manner described above. I do not, however, agree to the proposed sanction and hereby request a review of that sanction. I have attached my statement regarding why I believe the proposed sanction is not appropriate. **I understand I cannot drop this class.**

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

(Note: This agreement becomes a confidential student record of academic dishonesty.)

Instructors should contact the Office of Faculty Development and Advancement (644-6876) for more information.

The instructor should attach all documentation of alleged violation (e.g., paper, exam, etc.) and student statement describing why the sanction is disproportionate to this form and send to:

**Office of Faculty Development and Advancement
115 Westcott
Mail Code 1480**