ACADEMIC HONOR POLICY HEARING REFERRAL

Student Name:			EMPLID: (EMPLIDs are 9 digits.)		Student Email:		
Instructor Na	me:			Instructor	Email:		
Department/College:			Course:		Semester:		
Alleged Viola	tion: (Check numb	er of code violation –	see <u>https://fda.fsu.ed</u>	du/AHP)			
1	2	3	4	5	6	7	8
Description o	f Alleged Viola	ntion:					
Date of Allege	ed Violation: _						
D 1.0	.•						
Proposed San	ction:						
	for referral: record nt does not Aco	cent Responsib	sility				

The instructor should attach all documentation of alleged violation (paper, exam, etc.), the syllabus for the course, and specific instructions for the assignment to this form and send to:

Office of Faculty Development and Advancement 115 Westcott fda-faculty@fsu.edu

Mail Code 1480

Instructors should contact the Office of Faculty Development and Advancement for assistance at 850-644-6876 or fda-faculty@fsu.edu.

Students should contact the Office of Student Conduct and Community Standards for assistance at the <u>Academic Honor Policy</u> Adviser Request Form or sccs@fsu.edu.