

# ACADEMIC HONOR POLICY REFERRAL TO CONTEST SANCTION

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

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Student Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_ Student Email: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

Department/College: \_\_\_\_\_ Course: \_\_\_\_\_ Semester: \_\_\_\_\_

Alleged Violation: (Check number of code violation – see <https://fda.fsu.edu/AHP>.)

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 Office of Student Conduct and Community Standards for more information at the [Academic Honor Policy Advisor Request Form](#) or [sccs@fsu.edu](mailto:sccs@fsu.edu).*

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 that I cannot drop this class.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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*Instructors should contact the Office of Faculty Development and Advancement for more information at 850-644-6876 or [fda-faculty@fsu.edu](mailto:fda-faculty@fsu.edu).*

***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  
[fda-faculty@fsu.edu](mailto:fda-faculty@fsu.edu)  
or Mail Code: 1480