

This form and all related documentation and attachments must be submitted to the Campus Registrar within five (5) business days of final decision.

1. Student Information

Student Name: _____ Program: _____

Student ID: _____ Course (if applicable): _____

Date of Preliminary Meeting: _____

2. Decision

3. Sanctions

4. Acknowledgement of Receipt

- I **have reviewed** the details of this Report and the related Policy and Procedures and acknowledge receipt of a copy of this Report along with information regarding the Student Appeals Policy should I wish to appeal this decision.

Student Signature

Date

4. Accept/Do Not Accept

- I **accept** this Report to be true and accurate
- I **do not accept** this Report to be true and accurate and will submit written explanation within 3 business days

Student Signature

Date

Employee Signature

Date

Academic Chair Signature

Date