School of Health Professions Health Sciences Center State University of New York Stony Brook, New York 11794-8200 Policy No. <u>AA001</u>
Effective <u>02-18-15</u>
Supersedes <u>Pre-existing Policy</u>
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## **APPENDIX A**

## SHP ACADEMIC DISHONESTY INCIDENT REPORT ADIR

	DATE OF ADIR:
	PROGRAM:
	ACCUSED:
	CHARGES BROUGHT FORTH BY:
	DATE OF ALLEGED EVENT:
	DESCRIPTION OF ALLEGED EVENT:
	DATE ACCUSED INFORMED OF CHARGES:
	PROGRAM DIRECTOR/DESIGNEE SIGNATURE:
	DATE CHAIR OF ACADEMIC STANDING COMMITTEE NOTIFIED: (As soon as possible after alleged event)
	DATE OF RESOLUTION AT PROGRAM LEVEL:
	DESCRIPTION OF RESOLUTION PROCESS INCLUDING PENALTY:
	OUTCOME OF RESOLUTION PROCESS:
	SUPPORTIVE DOCUMENTATION, INCLUDING SEPARATE STATEMENTS FROM ACCUSER AND ACCUSED REGARDING THE INCIDENT, ATTACHED:
	Only to be completed by the chair of the Academic Standing Committee
disho	R OF THE ACADEMIC STANDING COMMITTEE: I have reviewed the academic nesty incident process, and found it to be in compliance with current policies and dures governing academic dishonesty.
	DATE: SIGNATURE:

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## **Academic Policies & Procedures**

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NOTIFICATION OF ACCUSATION  TO THE ACCUSED: I have been notified of the accusation, and have been referred to the policies and procedures for academic dishonesty which is a part of my student handbook. I have been informed of my rights on matters pertaining to policy and procedure on academic dishonesty. I have been presented with the opportunity to admit to the allegation and accept the penalty recommended by the program. I have also been advised of my right to appeal this allegation and/or penalty to the SHTM Academic Standing Committee. I have been given a time period of five business days to consider either resolution within the program or adjudication by the SHTM Academic Standing Committee.				
Signe	ed:Date:			
	CHECK APPROPRIATE BOXES			
	ACCUSATION ACCEPTANCE OR DENIAL			
D	<b>TO THE ACCUSED:</b> I have been notified of the accusation, <b>and agree</b> that I have committed the act of academic dishonesty described above.			
D	<b>TO THE ACCUSED:</b> I have been notified of the accusation, and <b>deny</b> that I have committed the act of academic dishonesty, and request that the allegation be brought forward to the Academic Standing Committee:			
Sign	ed:Date:			
	PENALTY ACCEPTANCE OR DENIAL			
D	<b>TO THE ACCUSED:</b> I have been advised of the penalty, and <b>I am</b> in full agreement, and will comply with the penalty.			
D	<b>TO THE ACCUSED:</b> I have been advised of the penalty, and <b>I do not</b> accept the penalty, and therefore request that the matter be brought forward to the Academic Standing Committee.			
Sign	ed:Date:			

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## **Academic Policies & Procedures**

	ACCUSOR ACCEPTANCE OR DENIAL OF PENALITY
D	TO THE FACULTY OR STUDENT ACCUSOR: I have been advised of the penalty and I am in full agreement with the penalty.
D	<b>TO THE FACULTY OR STUDENT ACCUSOR:</b> I have been advised of the penalty, and <b>I am not</b> in agreement with the penalty and request that the matter be brought forward to the Academic Standing Committee.
Signed	l:Date: