

Honor Code Determination Verification Form

Alleged Individual's Name: _____

Alleged Incident's Course Information (Prefix + Course Number): _____

Alleged Incident Date: _____

Summary of Accusation: _____

Recommended Penalty: _____

Alleged Individual's Determination Options

Review [UPPS 07.10.01](#) and address any questions you may have with your course professor prior to selecting one of the options below.

Acceptance: I, the student whose signature appears below, DO accept the determination of my faculty member per our discussion in person or online as outlined above. In accordance with UPPS 07.10.01, I knowingly and willingly WAIVE my rights to a hearing of the Honor Code Council and the right to follow the appeal process.

Non-Acceptance: I, the student whose signature appears below, DO NOT accept the determination of my faculty member, per our discussion in person or online as outlined above. I DO request a hearing of the Honor Code Council in accordance with UPPS 07.10.01 and understand that I have the right to follow the appeal process.

Alleged Individual's Signature: _____ **Date:** _____

Faculty Member's Non-Response Option (no faculty signature needed)

Notification of Non-Response: I, the faculty member who is submitting this Honor Code case, contacted the alleged individual and after three business days, have received no response or acknowledgement. Therefore, I am submitting this information and request the assistance of the Honor Code Council in completing this case.