

For Office Use Only
Date Entered _____
By _____

Case Number _____

Academic Integrity Voluntary Resolution

Respondent	Student Name _____	Student I.D. # _____
	Course Name/Number _____	Semester/Session _____
Referred By	Faculty Name _____	Email Address _____

Notice to Student:

1. You may **not withdraw** from this course unless you are found "not responsible" for this academic integrity violation.
2. You are **NOT** required to accept responsibility for these charges.
3. If you accept responsibility for these charges, you will be assigned sanctions by the Professor, or Case Coordinator.
4. If you do not accept the voluntary resolution, a hearing will be scheduled.
5. For a full description of the Academic Integrity Procedures, please see the Standards of Student Conduct.

Notice to Faculty:

1. Please attach all relevant information, including date and time of alleged violation, names of witnesses, course syllabus, assignment in question, and any other information that gave rise to the allegation.
2. Make sure to contact your college's Case Coordinator prior to meeting with the student.
3. For a full description of the Academic Integrity Procedures, please see the Standards of Student Conduct.
4. Please provide a copy of this form to the Student, Case Coordinator, yourself and the Office of Student Standards and Conduct.

Alleged Violation	<input type="checkbox"/> Falsification	<input type="checkbox"/> Classroom Disruption	<input type="checkbox"/> Possessing Unauthorized Materials/Stealing
	<input type="checkbox"/> Fabrication	<input type="checkbox"/> Facilitation	<input type="checkbox"/> Plagiarism
	<input type="checkbox"/> Cheating	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Forgery	_____	
	For a full description of Academic Integrity policies please see the Standards of Student Conduct		

To be completed by Faculty, Case Consultant or Case Coordinator

Please select either the Plagiarism Course or the Honor Pledge Seminar:
Online Plagiarism Course, McConnell Library D2L Module "Avoiding Plagiarism"
Honor Pledge Seminar: Contact the Office of Student Standards and Conduct at conduct@radford.edu within 10 business days

Grade Penalty of: _____

Other Sanctions: _____

I accept the Voluntary Resolution. I am responsible for the above violations and understand that in accepting this responsibility, I am waiving my right to a hearing and must complete all of the above sanction(s). I understand that any additional academic integrity violations may result in suspension or dismissal from the University. I also understand that if I have any prior academic integrity violations, a hearing will be held to determine if additional sanctions are appropriate.

I do not accept the Voluntary Resolution. I request that a hearing be scheduled to determine if I committed the above violation(s).

 Student Signature _____
 Date

 Faculty Member (print legibly) _____
 Date Faculty Member (signature)

Please submit this to your college's Case Coordinator as soon as possible. If you have any questions or concerns about this process, please contact the Office of Student Standards and Conduct at 831-5321.