## Honor Code Review Form

**FACULTY INSTRUCTIONS FOR COMPLETING THE HONOR CODE REVIEW FORM**

1. Complete the Honor Code Review Form in its entirety prior to meeting with the student.
2. Print a copy for the student meeting.
3. Have the student sign acceptance/non-acceptance directly on the completed form.
4. Faculty member must also sign the completed form.
5. Photocopy the signed form, provide a copy to the student, and keep a copy for personal files.
6. Scan and send the completed and signed form along with all relevant documents to the chair of the Honor Code Council ([honorcode@txstate.edu](mailto:honorcode@txstate.edu)).

### Student Information

- **Student Name:**
- **Student ID#:**
- **Student email:**
- **Faculty Member Name:**
- **Student phone#:**
- ** Faculty Member email:**

### Alleged Violation

- **Date of alleged violation:**
- **Course # in which alleged violation occurred:**
- **Department in which alleged violation occurred:**

### Type of Violation

- [ ] Participating in or attempting to participate in the act of, using, buying, selling, stealing or possessing, in whole or in part, the contents of an un-administered test or academic product without authorization
- [ ] Collaborating or substituting without authorization, for/with another person during an exam, academic work or other academic products
- [ ] Copying on a test, laboratory report, etc.
- [ ] Falsifying Data/Information
- [ ] Plagiarism
- [ ] Other: ____________________________

### Penalty of Faculty Member

- [ ] A requirement to perform additional academic work not required of other students in the course: ____________________
- [ ] A reduction in grade in the course to any level: ____________________
- [ ] Reduction in grade on an examination, or on other academic work affected by the violation of the Honor Code: ____________________

### Summary of Facts to Constitute Violation and Penalty Assessed (Add Additional Pages If Necessary)

### Acceptance of Determination

I, the student whose signature appears below, DO accept the decision appearing 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 (as described in UPPS 07.10.01).

- **Student Signature:**
- **Date:**

### Non-Acceptance of Determination

I, the student whose signature appears below, DO NOT accept the decision appearing above, and I DO request a hearing of the Honor Code Council in accordance with the UPPS 07.10.01. I understand that I have the right to follow the appeal process in accordance with UPPS 07.10.01.

- **Student Signature:**
- **Date:**

### Faculty Signature

- **Faculty Member Signature:**
- **Date:**

Information on this form should be treated as confidential. Per University Policy, all documentation (including this form) will be shared with appropriate stakeholders.