

# 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 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:	
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## 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:	
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## FACULTY SIGNATURE

Faculty Member Signature:		Date:	
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