

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).

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 (ADD ADDITIONAL PAGES IF NECESSARY)

ACCEPTANCE OF DETERMINATION

I, the student whose signature appears below, DO accept the decision appearing above, I accept it in accordance with [UPPS 07.10.01](#), and I knowingly and willingly WAIVE my rights to a hearing of the Honor Code Council and the right to follow the appeal process in accordance with [UPPS 07.10.01](#).

Student Signature:		Date:	
Faculty Member 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 Member Signature:		Date:	