

Faculty Disposition of Academic Integrity Violation Section A: Faculty Member's Information

Part I: Student Information

	Student Name	LU Identification Number	Course # and Section			
II. Des	scription of the Academic Integrity	Violation (check all that appl	y):			
	eating: Using, attempting to use, or providing any academic exercise.	unauthorized materials, information, s	tudy aids, or ideas of another			
	Fabrication: Intentional and unauthorized falsification or invention of any information or citation in an academic exercise.					
	Facilitating Academic Dishonesty: Intentionally or knowingly helping or attempting to help another to violate any provision of the Lipscomb University Academic Integrity Policy.					
	False Citation: Falsely citing a source or attributing work to a source from which the referenced material was not obtained.					
	ultiple Submission: Use of work previously uirements in another class.	submitted at this or any other institution	on to fulfill academic			
	agiarism: Intentionally or knowingly represen ercise.	ting the words or ideas of another as or	ne's own in any academic			
his	taliation: Act or threat of action against a stu or her rights under the Academic Integrity Polic ponsibilities.					
	nauthorized Collaboration: Collaborating rmission of the instructor.	or working with others on any assignm	ent without the specific			
	nauthorized use of technology: Utilization mitted by the instructor, with or without citation		ork that are not explicitly			
□ Ot	her (please describe):					
reat as a Assign ar Besubmi	eck below for sanction(s) imposed a 'teachable moment' w/instruction n integrity or ethics paper/research project t assignment and/or additional assignment ms of the Academic Integrity Policy for more sp	☐ Reduced or no credit on assigning Final grade for the course reduced ☐ Assign failing grade for the course.	gnment/exam to duced to			
s the ii	nstructor recommend additional sa	inctions for the Academic Int	egrity Council to conside			
s the ii			egrity Council to conside			
s the in	Yes If yes, please specify:culty Member's Name and Signatus Faculty Member's Na	re	egrity Council to conside			
s the in	Yes If yes, please specify:culty Member's Name and Signature	re me				



Section B: Student's Information

Part V. Department Chair's/Program Director's and Dean's Signatures

Department Chair's/Program Director's Signature	Date
5	
Dean's Signature	Date
Scan 3 digitation	

Part VI. Student's Acknowledgement of the Allegation and Response

You have been accused of violating Lipscomb University's Academic Integrity Policy. Because developing and maintaining one's personal integrity is so important to the core values that Lipscomb University represents, a copy of this document will be maintained by the Chair of the Academic Integrity Council.

Upon receipt of this form, the Chair will review your record to determine whether you have any previous academic integrity violations. If you have previously violated the Academic Integrity Policy, your file will automatically be referred to the Academic Integrity Council to consider if additional sanctions are appropriate.

You have three options related to the violation described in Section A of this form. Please select which of the following options you desire:

Option 1	Complete and	sign this form,	accepting the	instructor's	determination	and recomme	nded sancti	ons as
specified or	n this Form.							

□ Option 2: Refuse to complete or sign this form. If the form is not completed, signed, and returned to the instructor within 10 calendar days of receipt, the recommended sanction(s) specified on this form will be deemed final and effective immediately (unless indicated otherwise on this form).

☐ **Option 3:** Complete and sign the form, requesting a hearing with the Academic Integrity Council regarding the instructor's determination of a violation and/or the sanction as specified on this form.

As indicated in Option 2 above, refusal to check one of the boxes above, sign this form, and properly return the form, results in the sanction(s) described in Section A of this form.

Please sign below and return the signed form to the instructor within 10 calendar days of receipt.

This form is qualified in its entirety by the terms of the Academic Integrity Policy.

Student's Signature	Campus Address & Phone #	Date
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The instructor should send this form and all applicable materials, including supporting evidence to:

Dr. Walter Surdacki
Academic Integrity Council Chair
Ezell 218 • College of Bible and Ministry
615.594.8898