

# YOUNGSTOWN STATE UNIVERSITY ACADEMIC INTEGRITY FORM

For alleged violations of the Academic Integrity policy, as defined in The Student Code of Conduct



YOUNGSTOWN  
STATE  
UNIVERSITY

Faculty Name & Department: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

YSU ID: \_\_\_\_\_

Brief Violation Description (*please also attach additional statement with detailed information*):

- ☐ **Warning**
- ☐ **Lower grade on exam or assignment:** \_\_\_\_\_
- ☐ **Lower final course grade:** \_\_\_\_\_
- ☐ **Other:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_
- ☐ **Request additional action from the Academic Grievance Subcommittee (i.e. course/program removal or suspension/expulsion):** \_\_\_\_\_

## **By choosing to sign this form, I:**

- Acknowledge that the conduct process and my rights within that process have been reviewed with me, including that I have five (5) University working days to sign and return this form.
- Understand that I have the option to meet with my Departmental Chairperson and College Dean prior to signing this form.
- Acknowledge that I was given the ability to inspect/review all relevant information regarding the violation(s) in question.
- Voluntarily waive my right to a hearing regarding these charges and accept this agreement as final resolution of this matter.
- Understand that if I fail to meet any of the conditions listed above, I may be subject to further disciplinary action and/or an administrative hold may be placed on my account.
- Understand this report will be forwarded to the Office of Community Standards & Student Conduct for review.
- Understand that refusal to sign this document or failure to respond will result in referral for an Academic Grievance hearing.

## **I agree to the charge(s):**

## **I agree to the recommended sanction(s):**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

- ☐ **Student did not respond**      ☐ **Student declined charge(s) and/or sanction(s)**

\_\_\_\_\_  
Faculty Member's Name

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

## **I acknowledge receipt of this form:**

\_\_\_\_\_  
Chairperson's Name

\_\_\_\_\_  
Chairperson's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Name

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

**A letter will be emailed to your student e-mail address, which will serve as formal acknowledgment of this agreement.**