

**SCHOOL OF PHARMACY**  
**ACADEMIC or PROFESSIONAL MISCONDUCT REPORT FORM (FACULTY USE)**

**Part One: (completed by the KU Faculty or Staff):**

Accused Last Name:	First Name:	MI:	KUID#:
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DEPT:	Course #:	Course Title:	Semester: Date:
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Refer to the attached Academic and Professional Conduct Policy of the School of Pharmacy and see Article II, Section 6 of the University Senate Rules and Regulations for the questions pertaining to the Academic Misconduct. For all sanctions a copy of this form should be provided to the student and the Associate Dean for Academic Affairs within fourteen (14) calendar days of the date of the discovery of academic misconduct.

**Provide the date and time of the occurrence and a brief description of the alleged academic or professional misconduct (attach additional pages if necessary):**

  
  
  
  
  
  
  
  
  
  

<b>To be completed by Professor</b>	
<b>Sanction Imposed:</b>	<b>Additional Sanctions Recommended:</b>
___1) Admonition ___2) Censure (please attach a copy of the note of censure) ___3) Reduction of Grade for specific work ___4) Reduction of Grade for the course ___5) Suspension from course	(Recommendation to the Dean & Misconduct Committee) ___6) Disciplinary Probation ___7) Suspension from the School of Pharmacy ___8) Dismissal from the School of Pharmacy ___9) Dismissal from the University ___9) Other:

\_\_\_\_\_  
 Signature of Faculty or Staff member                      Date                      Faculty or Staff name typed or printed

**Part Two: (to be completed by the accused student):** You must select an option box below, sign this form and return it to the Associate Dean for Academic Affairs **within fourteen (14) calendar days**. FAILURE TO COMPLETE AND RETURN THIS FORM ON TIME WILL BE INTERPRETED TO INDICATE YOUR AGREEMENT WITH THE ABOVE CHARGE OF ACADEMIC MISCONDUCT AND YOUR WAIVER OF RIGHT TO APPEAL THE CHARGES.

- I admit to the above charge of academic misconduct.
- I admit to the above charge of academic misconduct but wish to appeal the proposed sanction.
- I deny the charge of academic misconduct but waive my right to appeal.
- I deny the charge of academic misconduct and wish to appeal.

\_\_\_\_\_  
 Signature of Student                      Date

**Part Three: Completed by Chair after appeal hearing (If no appeal, submit to Deans Office without Chair signature)**

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 Signature of Department Chair                      Date                      Department Chair name typed or printed

**This form will be maintained in the student record until graduation upon which time it will be removed and archived**  
 Form updated 8/2017