# Academic Integrity Meeting Decision Form

### Complete the form and send to the Senior Lecturer/Dean of Undergraduate Studies or Dean of Graduate Studies for approval.

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| --- | --- |
| **Student Name:** |  |

|  |  |
| --- | --- |
| **Student Number:** |  |

|  |  |
| --- | --- |
| **Course:** |  |

|  |  |
| --- | --- |
| **Standing: UG: JF, SF, JS, SS, Yr 5 etc…**  **PG: Year 1, 2 etc..** |  |

|  |  |
| --- | --- |
| **Date of Academic Integrity Meeting:** |  |

|  |  |
| --- | --- |
| **Chair of Academic Integrity Meeting:** |  |

|  |  |
| --- | --- |
| **Names of Attendees:** |  |

|  |  |
| --- | --- |
| **Title and Code of Module/s under consideration:** |  |

|  |  |
| --- | --- |
| **Please specify if there are any previous instances of concern for the student:**   * **Module(s):** * **Level(s):** * **Date(s):** * **Consequence(s):** |  |

|  |  |
| --- | --- |
| **The indicative score for the instance of concern:** |  |

|  |  |
| --- | --- |
| **Detail and score of Turnitin report if relevant:** |  |

|  |  |
| --- | --- |
| **Minutes of meeting:** |  |

|  |  |
| --- | --- |
| **Recommended consequence:** |  |

|  |  |
| --- | --- |
| **Does the student accept the recommended consequence? Yes / No** |  |

**Signature of Chair:**

**Date:**