



FLORIDA STATE UNIVERSITY PANAMA CITY

ACADEMIC HONOR POLICY: Student–Instructor Resolution Form

Before attempting a Student–Instructor Resolution, call/email the Associate Dean, Students & Strategic Initiative, Irvin Clark, iclark2@pc.fsu.edu to check the student’s record.

Students have 5 class days to respond to instructor’s outreach regarding the allegations.

*Note: This form is used to document resolutions between students and instructors. It should not be used when students have a prior record of academic misconduct, when the alleged violation is egregious (as defined in the Academic Honor Policy), and when students accept responsibility for the violation but want to dispute the proposed sanction. **Students may not drop/withdraw from /change the grading basis of courses in which there are academic misconduct allegations/violations.***

Student Name: _____ EMPLID: _____ Student Email: _____

(EMPLIDs are 9 digits)

Instructor Name: _____ Instructor Email: _____

Department/College: _____ Course: _____ Semester: _____

Location of Incident: _____

Alleged Violation: (Circle the number(s) corresponding to the policy violation; see <https://pc.fsu.edu/academics/academic-honor-policy>)

- | | | | |
|------------------------|--------------------------------|--------------------------------------|---------------------------------------------------|
| 1. Plagiarism | 2. Cheating | 3. Unauthorized Group Work | 4. Fabrication, Falsification & Misrepresentation |
| 5. Multiple Submission | 6. Abuse of Academic Materials | 7. Complicity in Academic Dishonesty | |

Description of the alleged violation:

Date of alleged violation:

Proposed sanction:

I recommend that the student have the opportunity to expunge their record if no further misconduct occurs prior to degree completion:

Yes No

Instructors are welcome to provide more context for their above recommendation on a separate document.

I hereby agree that I have violated Florida State University’s Academic Honor Policy in the manner described above and agree to the proposed sanction. **I understand that I may not drop/withdraw from /change the grading basis of this course.**

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

(Note: This agreement becomes a confidential student record of academic dishonesty.)

The instructor should contact for assistance and/or to send this form to the Associate Dean, Students & Strategic Initiative, Irvin Clark, iclark2@pc.fsu.edu. Mail Code: 99