FACULTY DISPOSITION OF A SCHOLASTIC DISHONESTY CASE

An instructor should use this form if the student (1) does not dispute the facts upon which the allegations are based and (2) has waived the right to a hearing before a University hearing officer. If the student denies the allegation or does not waive the hearing, a Discipline Referral for Scholastic Dishonesty form is available for referring the case to the Office of Student Conduct.

For additional clarification, contact the Office of Student Conduct at 817-272-2354.

This form must be returned to the Office of Student Conduct (Box 19355) within 2 weeks of the student accepting responsibility.

1. The following student has violated University policies on scholastic dishonesty:

Student’s Name_________________________________________________________

Last   First   Middle

Department _______________________ Student ID __________________________

Course Name ______________________ Course Number ______________________

2. Type of Violation:

_____ Cheating on test/assignment        _____ Plagiarism        _____ Collusion

3. Summary of Incident (please include date of incident, use additional sheet if necessary.)

Faculty Name _____________________________ Title_________________________

Extension ____________________________    Dept. Box#_______________________

Signature ____________________________    Date_____________________________
4. **Academic penalty to be assessed by instructor:** An academic penalty or penalties may be assessed by the faculty member when the student accepts responsibility for committing an act of scholastic dishonesty. Please be specific about the penalty to avoid confusion about the penalty or grade assigned at a later date. Relevant disciplinary and educational sanctions may be imposed by the Office of Student Conduct.

- _____ written warning
- _____ resubmit assignment, paper or program
  
  specify requirements and due date ______________________________
- _____ retake exam
  
  specify date ___________________
- _____ reduced credit or zero on exam, assignment, paper, or program
  
  specify grade ____________________
- _____ reduced final grade or failing grade for the course
  
  specify grade ____________________

5. **FOR THE STUDENT:** Should you have any questions about the discipline procedures, please contact the Office of Student Conduct (817-272-2354). **If you disagree with the allegation, you should not sign this form, and the case will be referred to the Office of Student Conduct for investigation.**

I understand the violation on which the allegations are based, accept the faculty disposition, waive my right to a hearing before a University hearing officer and accept the academic penalty. I understand that the Office of Student Conduct may impose relevant disciplinary sanctions. I further understand that any additional violations of scholastic dishonesty will result in suspension from the University.

Student Name___________________________________________________________

Last   First   Middle

Student Signature _______________________________________________________

Mailing Address __________________________________________________________

Phone _____________________________ Date _______________________________