## ACADEMIC HONOR POLICY: Disputing the Sanction Form

Please complete this		-	ithdraw from / change i		<u>( 1 · </u>	
•••••	••••					•••••
Student Name:		(EMI	EMPLID: PLIDs are 9 digits)		Student Email:	
nstructor Name				Instructor Em	aile	
			Instructor Email:			
epartment/College:				Semester:		
Location of Incident: _						
Alleged Violation: (Man	rk/check the num	ber(s) corresponding	g to the policy violation;	see <u>https://fda.j</u>	<u>su.edu/AHP</u> )	
1	2	3	4	5	6	7
Date of Alleged Violati						
0						
0						
Date of Alleged Violati Proposed Sanction & J						
0						
0						
0	ustifications/Ra	ationales:				 ccurs prior to

Students should contact an Academic Honor Policy Advisor via this link: <u>https://fda.fsu.edu/academic-resources/academic-honor-policy/hearing-advising</u>

I hereby agree that I have violated Florida State University's Academic Honor Policy. I do not, however, agree to the proposed sanction and hereby request a review of that sanction. I have attached my statement and all supporting documentation regarding why I believe the proposed sanction is inappropriate. 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 attach all documentation of alleged violation (e.g., paper, exam, etc.) and the student's supporting documentation and send them to:

the Vice Rector for Academic Affairs at the Republic of Panama Campus at 317-0367 ext. 238 or <u>aanyfanti@fsu.edu</u>