

**Student Violation of Professional Conduct**

**(Must be submitted to appropriate Dean within 10 business days of an alleged violation if it results in suspension or dismissal from the program. Signed *Policy for Professional Conduct in Classrooms, Lab, Simulation, and Clinical sites* must be attached to this form.)**

Date \_\_\_\_\_ Course # \_\_\_\_\_ Instructor Name \_\_\_\_\_  
Section # \_\_\_\_\_ Clinical Site Location (if applicable) \_\_\_\_\_

Program Name \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Student Name \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Student ID # \_\_\_\_\_

*Write a short description of the violation – include date(s), names of faculty/clinical staff, or students involved, names of any witnesses, where the situation occurred. Please be as complete as possible, listing facts that you can confirm, and any other pertinent information about your concern.*

What can student do to remedy this violation?

When did you discuss this violation with the student? \_\_\_\_\_

Detail the discussion

Faculty Signature \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Internal Use Only – only used if violation resulted in suspension/dismissal from the program:

**Name of Dean** handling this violation \_\_\_\_\_

**Date student submitted an appeal** (must be within 10 business days of suspension or dismissal from program)

\_\_\_\_\_ **Date of Health Science Professional Conduct Review Board meeting** (must be within 5 business days of appeal filed by student) \_\_\_\_\_

**Results of Health Science Professional Conduct Review Board Meeting** – list faculty members participating in review.

Attach any pertinent notes or e-mails to this form.

**Student Appeal of Professional Conduct**

**(Must be submitted to appropriate Dean within 10 business days of an alleged violation if it results in suspension or dismissal from the program. Signed *Policy for Professional Conduct in Classrooms, Lab, Simulation, and Clinical sites* must be attached to this form.)**

Date \_\_\_\_\_ Course # \_\_\_\_\_ Student Name \_\_\_\_\_  
Section # \_\_\_\_\_ Clinical Site Location (if applicable) \_\_\_\_\_

Program Name \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Student ID # \_\_\_\_\_

*Write a short description of why you are appealing this decision – include date(s), names of faculty/clinical staff, or students involved, names of any witnesses, where the situation occurred. Please be as complete as possible, listing facts that you can confirm, and any other pertinent information about your concern.*

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

Attach any pertinent notes or e-mails to this form.