

Clayton State University
Office of Community Standards
SPECIFICATION OF CHARGES FORM- ACADEMIC MISCONDUCT

Student Full Name: _____ ID#: _____

This is the student's first incident of academic misconduct at Clayton State University: Yes No

*If this is the student's second incident of academic misconduct, refer the case to the Office of Community Standards.
For incidents involving a graduate student, automatically refer the case to the Office of Community Standards.*

The steps listed below are followed to ensure the accused student is provided due process during the investigative and hearing processes. After each step, the student will initial acknowledging they received the appropriate information and were given the opportunity to choose when applicable.

I. The alleged violations were discussed and explained to me. I am aware that I am being charged with violating the following policies of the Student Conduct Code:

	Responsibility?	
	Accept	Deny
I. A. Disruption of the Learning Environment	<input type="checkbox"/>	<input type="checkbox"/>
I. B. Giving or Receiving Unauthorized Assistance	<input type="checkbox"/>	<input type="checkbox"/>
I. C. Unauthorized Materials or Equipment	<input type="checkbox"/>	<input type="checkbox"/>
I. D. Furnishing Unauthorized Exam Information or Materials	<input type="checkbox"/>	<input type="checkbox"/>
I. E. Plagiarism and Misrepresentation of Work	<input type="checkbox"/>	<input type="checkbox"/>
I. F. Violating Testing Rules and Procedures	<input type="checkbox"/>	<input type="checkbox"/>
I. G. Falsification & Fabrication	<input type="checkbox"/>	<input type="checkbox"/>

If referred to Student Conduct, state reason for referral: _____

II. The purpose of this meeting and an overview of the conduct process and my Rights and Responsibilities have been explained and provided to me.

Student Initials

III. The hearing/sanctioning options available to me have been explained and I have chosen:

I accept responsibility for my actions regarding the charge of misconduct. I agree to accept the sanctions imposed. Furthermore, I understand that I may face additional charges and a judicial hold on my account if any sanctions are not completed by the assigned deadline. By accepting responsibility I also understand that I am waiving my right to a hearing and an appeal. I choose the sanction authority below to administer my sanction:

- Instructor (Complete Adjudication Form)
- Conduct Officer
- Hearing Officer

Note: An official sanction letter will be emailed to the student.

I deny responsibility and am formally requesting that this matter be referred to a formal hearing. The formal hearing can be with a Hearing Officer or with the University Hearing Panel. The Hearing authority selected below will determine whether or not I am "In Violation" of the Clayton State University Code of Conduct and will administer appropriate sanctions if I am found "In Violation". I choose the hearing authority below to adjudicate my case.

- Hearing Officer – One (1) Faculty or Staff Member
- University Hearing Panel – Group of Faculty, Staff, and Students

Student's Signature

Date

Conduct Officer or Instructor Signature

Date

Course Title

Course #

Print Name & Title of Conduct Officer or Instructor