



## HONOR, ETHICS AND PROFESSIONALISM CHARGE

Student Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_ Location: \_\_\_\_\_

Is this incident associated with a course(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the name of the course. \_\_\_\_\_

Incident Details:

Professional Code of Conduct alleged violation:

\_\_\_ Unprofessional Behavior (Please describe the incident)

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Honor Code of Academic Integrity alleged violation: (Please check all that apply)

*Please review the Student Honor Code of Academic Integrity for full explanation of each charge.*

- \_\_\_ Cheating
- \_\_\_ Plagiarism
- \_\_\_ Facilitating Academic Dishonesty
- \_\_\_ Abuse of Academic Materials
- \_\_\_ Stealing
- \_\_\_ Lying or Willful Misrepresentation of the Facts In The Academic Setting
- \_\_\_ Any Form of Academic Dishonesty Not Previously Defined that Provides a Student an unfair Advantage or violates the rights of another student or member of the ACP community

Honor Code of Academic Integrity alleged violation (Please describe the incident)

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Evidence (Please list and describe **all** evidence that exists to support this claim and submit any evidence you intend to use to support this complaint)

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Please list all witnesses or individuals who may have information regarding this complaint.

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Action Taken for Professionalism Concern:

- Student Coaching
- Written Warning
- Corrective Action/Improvement Plan
- Suspension: \_\_\_\_\_ day(s)

*Depending on the nature of the incident, the Appalachian College of Pharmacy reserves the right to impose any of the sanctions listed above at its discretion. A copy of this Student Incident Report shall be maintained by the College. Further action may be taken by HEP Board if deemed appropriate.*

Corrective Action/Improvement Plan:

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Student Comments:

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\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

***BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED THIS NOTICE.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, Signature (required for Other Action or Dismissal)

\_\_\_\_\_  
Date