

University Canada West
Suite 100 – 626 West Pender Street,
Vancouver, BC V6B 1V9
Phone: (604) 915-9607 Fax: (778)331-8268

Date Received: (Academic Office use only)

*Faculty should use this form to provide a detailed description of the academic incident (e.g., plagiarism) to the student. Provide a copy of the completed form **to the academic program** for the student's academic record.*

Date of Incident: (YYYY-MM-DD): _____ Student Number: _____

Student LAST name: _____ Given Names: _____

Course Number and Title: _____

Faculty Name (print): _____

Enter the decision information in the spaces provided below. Be specific and provide factual detail.

1. Date of incident:
2. Grade is awarded or penalty imposed:
3. Particulars of the incident, offence, or situation:
4. Specific decision:
5. Rationale for decision:
6. Supporting evidence or facts for decision:
7. Any remedial action to be taken, if any:
8. Notice of the right to appeal:
- 9.

The student has the right to appeal this decision to the Dean, Chair, or academic program head within 7 calendar days from the date of this decision. The appeal must be in writing using the "Appeal Request" form. Requests received after that date will not be considered for appeal.

Faculty Signature

Date