



Academic Integrity Waiver for an Academic Integrity Violation

This form is only filled out if the student does not request a departmental meeting with the Faculty Member/Dept. Chair or designee

Date: _____

By my signature below, I acknowledge the following:

The Complainant (faculty member) is investigating an alleged Academic Integrity case against me and that I have been notified in writing of the allegation, including a brief summary, the potential sanctions, and the meeting date and time. I understand that, unless I request otherwise, the Complainant will resolve my case at the time I sign this document.

I have been informed that if I do not accept responsibility and the outcome for the alleged Academic Integrity Violation (AIV) at the initial meeting, then a formal departmental meeting with the Department Chair or designee will be held within 24 calendar days of the date the suspected AIV came to the Complainant’s attention.

_____ By initialing this space, I acknowledge that the Academic Integrity process has been explained to me and that I do not wish to have an initial meeting with the Complainant, and I will take full responsibility for my actions and accept the sanctions assigned.

_____ By initialing this space, I acknowledge that the Academic Integrity process has been explained to me and that I am waiving my right to have a formal departmental meeting with the Department Chair or designee.

STUDENT NAME: _____

STUDENT MOBILE PHONE: _____

STUDENT SIGNATURE: _____

COMPLAINANT SIGNATURE: :

*The full text of ECU Faculty Manual can be found at: <http://www.ecu.edu/cs-acad/fsonline/customcf/currentfacultymanual/part6section2.pdf>.

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revised: 2/9/22