

**EXHIBIT A****Academic Honesty Report**

University of Houston - Downtown

Description of Academic Honesty Violation**(To be completed by faculty member)**

- I. Description of Academic Honesty Violation
1. Student's Name:
  2. Student's UHD ID (900 Number):
  3. Faculty Member's Name:
  4. Academic Department:
  5. Subject/Course Number:
  6. CRN:
  7. Nature of Violation (include date, time, place of violation and witnesses' names)
 

Date:

Time:

Place:

Witnesses (if applicable):

Offense:
  8. Recommended Penalty
    - a. This is a warning of unacceptable conduct from the instructor.  
No further action is contemplated
    - b. Grade of F for the assignment or exam.
    - c. Grade of F for the course.
    - d. Recommend student be placed on disciplinary probation/suspension
    - e. Other:

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 (Faculty member's signature)

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 (Date signed)

Student acknowledgement of Academic Honesty Violation and Penalty  
**(To be completed by student, if necessary)**

- II. You have been informed of the academic honesty violation described above and consequent penalty for the incident. Copies of this document and of the Academic Honesty Policy have been provided to you. Only the precise penalty stated above will be imposed, unless there is evidence of previous honesty violations, in which case, additional penalties may be imposed.
- III. Student Options:
- If you accept the penalty listed above, no action is necessary.
  - If you do not agree with the penalty listed above, you may request via email a hearing with the appropriate department chair and faculty member within 15 working days (excluding Saturdays, Sundays, and university holidays) of receiving the Academic Honesty Report. Students are encouraged to appeal as soon as possible. You will be allowed to remain in your classes until the appeal process is completed.

## Appeals Record

Appeal to the Department Chair (or Program Director)  
**(To be completed by department chair or program director, when necessary)**

Appeal filed by:

Student name:

Date received:

Department Chair's Decision:

uphold existing penalty    reject existing penalty    modify existing penalty (specify below)

Modification of recommended penalty:

\_\_\_\_\_  
 (Department chair's signature)

\_\_\_\_\_  
 (Date signed)

Appeal to the Office of the Dean  
**(To be completed by the Office of the Dean, when necessary)**

Appeal filed by (select one of the following):                  Student                  Faculty

Name:

Date received:

Office of the Dean's Decision:

uphold Chair's decision    reject Chair's decision    modify Chair's decision (specify below)

Modification of recommended penalty:

\_\_\_\_\_  
 (Dean's signature)

\_\_\_\_\_  
 (Date signed)

**EXHIBIT B**

**Withdrawal Prevention Form**  
University of Houston - Downtown

Student's Name:

Student's UHD ID (900 Number):

Faculty Member's Name:

Academic Department:

Subject/Course Number:

CRN:

\_\_\_\_\_  
(Faculty member's signature) (Date signed)

\_\_\_\_\_  
(Department chair's signature) (Date signed)

\_\_\_\_\_  
(Dean's signature) (Date signed)