FACULTY DISCIPLINARY FORM
STUDENT DISCIPLINE

Please complete this form whenever you take action against a student for violation of the Standards of Student Conduct and forward to Betsy Regalado, Vice President of Student Services. This form may be filed in a general folder for reference in the case of repeat violations and depending on the violation. In more severe cases this form will be used to contact the student to make an appointment with the Vice President.

DATE______________________     TIME_____________________________

____________________________________________ _________________________________________
STUDENT’S LAST NAME    FIRST NAME

____________________________________________ ____________________  _____________
STUDENT I.D. NUMBER    COURSE   SECTION #

Circle the Code Sections under Chapter IX, Article VIII, which were violated (see attached sheets). Explain below the facts and details to substantiate the issuance of this form:

____________________________________________________________ ______________________________________________________________

____________________________________________________________ ______________________________________________________________

____________________________________________________________ ______________________________________________________________

____________________________________________________________ ______________________________________________________________

Action Taken:

___  Warning – Written or oral notice to the student that continuation or repetition of misconduct may result in disciplinary action.

___  Removal by Instructor – An instructor may remove (suspend) a student from class for the day of the incident.

___  Removal by Instructor – An instructor may remove (suspend) a student from class for the day of the incident and the next class meeting.

___  Referral (Dept. Chair, Vice President), please explain:

__________________________________________________________________________

Name of Instructor/Chair                                    Signature of Instructor/Chair    Date

Without admitting guilt, I acknowledge receipt of this Faculty Disciplinary Form.

____________________________________________ ____________________  _____________
Name of Student                                    Signature of Student    Date

Stuntc8/19/08