**INFORMATION**

|  |  |  |
| --- | --- | --- |
| Student Name | | Student ID Number |
| Subject Code | Faculty Name | |
| Date of Incident  dd-mm-yyyy | | |

The above named student alleged to have committed an integrity offence/violation as defined by [Academic Integrity Policy](http://www.senecacollege.ca/policies/academic-integrity-policy.html) and in the circumstances described below:

**Students description of incident:**

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| --- |
|  |

I have read the above description and agree that it represents my account of the incident.

|  |  |
| --- | --- |
|  | |
| Seneca Student Email Address will be accepted as the Authorized Student Signature (no signature required) | Date  dd-mm-yyyy |

**DECLARATION AND AUTHORIZATION FOR RELEASE OF INFORMATION**

By signing below, I acknowledge the statements made herein to be accurate, complete and truthful, and that the Panel may conduct an in depth investigation into my academic history, my use of student services, and seek further clarification from any persons or parties listed in both levels of this appeal.

|  |  |
| --- | --- |
| Seneca Student Email Address will be accepted as the Authorized Student Signature (no signature required) | **Date**  dd-mm-yyyy |

**Sanctions and/or penalties (determined by the Academic Integrity Committee) imposed; refer to the** [**Academic Integrity Offences – Sanctions.**](http://www.senecacollege.ca/policies/academic-integrity-policy.html#appendix_b)

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

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