

Informal Resolution Status Update Form

Student Name(s):	
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Name(s) of Submitting Faculty Member(s):	
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Date on which <i>Suspected Student Academic Misconduct Resolution</i> form was submitted:		Informal resolution deadline specified on that form:	
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Has the informal resolution process been successful in producing a resolution acceptable to all faculty and students involved?	<input type="checkbox"/> YES. (Complete the Resolution Outcome section below and have all parties sign this form. Then submit it as your formal request to declare this matter resolved.) <input type="checkbox"/> NO. (Complete the Resolution Outcome and Desired Next Steps sections below. Then sign and submit this form.)
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Resolution Outcome: Please describe the outcome of the informal resolution process. (Feel free to attach a separate document if you need additional space.)	
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Desired Next Steps: In the box to the right, please indicate the desired next step.	<input type="checkbox"/> Extend informal resolution deadline. (Requires signatures of all students and faculty involved to confirm agreement.)	Enter new informal resolution deadline date in the box below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<input type="checkbox"/> Terminate informal resolution and move forward to the formal resolution process. (Requires only the signature of one or more faculty member or student involved.)	

FACULTY AND STUDENT SIGNATURES:

By signature, each person below formally requests this change in status of the informal resolution of this matter. (Attach additional form if more signatures needed.)

Faculty Member:			
	Name	Date	Signature
Faculty Member:			
	Name	Date	Signature
Faculty Member:			
	Name	Date	Signature
Student:			
	Name	Date	Signature
Student:			
	Name	Date	Signature
Student:			
	Name	Date	Signature

ADMINISTRATIVE ACKNOWLEDGEMENT:

By signature, each person below acknowledges the change in status of the informal resolution of this matter and acts in accordance with the requests above.

Department Chair:			
	Name	Date	Signature
Associate Dean:			
	Name	Date	Signature