College of DuPage
Nursing and Health Science Programs

Student Violation of Professional Conduct Form (FACULTY MEMBER COMPLETES)

(Must be submitted to appropriate Dean within 10 business days of an alleged violation if it results in suspension or dismissal from the program. Signed *Policy for Professional Conduct in Classrooms, Lab, Simulation, and Clinical* sites must be attached to this form.)

Student Name _____ Student ID # _____ Program Name _____
Email _____ Phone # _____

Date _____ Course & Section # _____ Instructor Name _____
Clinical Site Location (if applicable) _____

Write a short description of the violation – include date(s), names of faculty/clinical staff, or students involved, names of any witnesses, where the situation occurred. Please be as complete as possible, listing facts that you can confirm, and any other pertinent information about your concern.

What can student do to remedy this violation?

When did you discuss this violation with the student?

Detail the discussion

Faculty Signature _____ Student Signature _____
Date_____ *(In the event the student refuses to sign, the form is still valid and the dismissal/suspension procedure is still enfored.)*

*Send completed form to the Program Support Specialist for filing and implementation of Colleague restriction

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For Internal Use Only – only used if violation resulted in suspension/dismissal from the program:
Name of Dean handling this violation _____

Date student submitted an appeal (must be within 10 business days of suspension or dismissal from program) _____

Method Received: hard copy e-mail
Date of Health Science Professional Conduct Review Board meeting (must be within 5 business days of appeal filed by student) _____
Results of Health Science Professional Conduct Review Board Meeting – list faculty members participating in review**.**

Attach any pertinent notes or e-mails to this form.

*Send completed form to the Program Support Specialist for filing & implementation of Colleague restriction

College of DuPage
Nursing and Health Science Programs

Student Appeal of Professional Conduct Form (STUDENT COMPLETES)

(Must be submitted to appropriate Dean within 10 business days of an alleged violation if it results in suspension or dismissal from the program. Signed *Policy for Professional Conduct in Classrooms, Lab, Simulation, and Clinical* sites must be attached to this form.)

Student Name _____ Student ID # _____ Program Name _____

E-mail _____ Phone # _____

Date _____ Course & Section # _____ Instructor Name _____

Clinical Site Location (if applicable) _____

Write a short description of why you are appealing this decision – include date(s), names of faculty/clinical staff, or students involved, names of any witnesses, where the situation occurred. Please be as complete as possible, listing facts that you can confirm, and any other pertinent information about your concern.

Student Signature _____ Date_____

Attach any pertinent notes or e-mails to this form.