

Please submit all requested documentation to [CASAIGC@usf.edu](mailto:CASAIGC@usf.edu)

	Spring	SummerA	SummerB	Summer
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Name (Last, First):

USF ID Number:

USF Email:

Phone Number:

Appeals to the Academic Integrity Policy USF Regulation 3.027 can only be considered for the following reasons. Please select the grounds for which your appeal is based:

I have accepted responsibility for the academic integrity violation, but am appealing the severity of the sanction imposed

- Please provide a concise statement of your position for lowering the severity of conduct level (pp. 9-12) by addressing either (a) your intent

The academic integrity violation or sanction violated a University Regulation or Policy X

> •L x 'J 3ÊÐ€

Please review and confirm the following statements below:

<input type="checkbox"/>	I have been in contact with the instructor and have been advised of the grade determination and recommendation.
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Signature:

Date: