

Student Response to the Academic Integrity Report

INFORMATION Student name: Faculty name: Student ID number: Subject code: Date of incident: The above named student alleged to have committed an integrity offence/violation as defined by Seneca's Academic Integrity Policy and in the circumstances described below: STUDENT'S DESCRIPTION OF INCIDENT STUDENT'S VOLUNTARY ACKNOWLEDGEMENT OF VIOLATING THE ACADEMIC INTEGRITY POLICY (IF APPLICABLE) By signing below, I acknowledge the above violation of the Academic Integrity Policy and fully understand the penalties. Student signature: **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 Academic Integrity Committee 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.

Student signature:	Date:

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Refer to the <u>Academic Integrity Policy</u> for potential sanctions and/or penalties that may be imposed by the Academic Integrity Committee.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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For individuals under the governance of the European Union, the collection of personal information is also performed in accordance with the General Data Protection Regulation.

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