Code of Professionalism Misconduct Reporting Form

The Code of Professionalism for Doctor of Pharmacy students in the Union University College of Pharmacy requires allegations of Pharm.D. student infractions to be reported to the Assistant Dean of Students via the use of this form. The Code of Professionalism is provided to each student during student orientation and a copy can be found on the College of Pharmacy website in the Student Handbook.

Name of person reporting the allegation:__________________________________________________________

Check one:  ☐ Faculty  ☐ Student  ☐ Other (please specify):__________________________________________

Name of student alleged to have committed a Code of Professionalism violation:________________________

Type of Misconduct:  ☐ Academic Misconduct  ☐ Professional Behavior Misconduct

Course Name (if applicable):__________________________________________________________

Teaching Faculty (if applicable):____________________________________________________________

Date and location of violation:______________________________________________________________

Attach a letter to this form providing a description of the alleged Code of Professionalism infraction(s). Include details as to the date, time, and nature of each infraction and relevant event, specific student behaviors observed, witnesses, steps taken subsequent to the incident in question, etc.

Attach copies of all other relevant materials (e.g., copies of assignments or examinations, unauthorized materials used by students, course syllabi, etc.). Additional materials may be accepted subsequent to the original submission at the discretion of the ASPR Committee.

I declare that the foregoing information, the attached descriptions, and all other relevant submitted materials are accurate and complete to the best of my knowledge (note: knowingly making a false allegation of a Code of Professionalism violation against another student is prohibited by the Code of Professionalism).

Signature:________________________________ Date:__________________________________________

Date Received (to be completed by the Assistant Dean of Student Services):________________________

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