

SCHOOL OF PHARMACY BACKGROUND CHECK NOTIFICATION FORM

Instructions: To be completed by an Associate Dean or Experiential Director in the School of Pharmacy

Student's Last Name	First	MI	KUID#
_____ Date this form was completed			

Refer to the attached Academic and Professional Conduct Policy of the School of Pharmacy.

Provide a brief description and date of the potential exclusionary event and attach a copy of the Background Check:

Signature of Student

Date

***The student's signature on this form is only for the purpose of acknowledging receipt of this sanction and is not an admission of guilt

Committee Screening Recommendation:

1) No action necessary at this time. Barring additional charges no sanctions necessary

2) Refer to committee for hearing.

_____ **Date of Notification of Student** _____ **Date of Scheduled Hearing**

Sanction Recommended to Dean of Pharmacy Pursuant to Committee Hearing:

1) No action is necessary at this time

2) Censure (please attach a copy of the note of censure)

3) Disciplinary Probation

4) Suspension from the University

8) Expulsion

6) Other: _____

Signature of Committee Chair

Date

This form will be maintained in the student record until graduation upon which time it will be destroyed

Form updated 9/2009