

**COWLEY COLLEGE**

**Student/Academic Code of Conduct Disciplinary Action Form**

Student's Name & ID#:	
Facilitator/s	
Date & Time:	

**Corrective Actions**

- ☐ Meet with Cowley College Student Life Counselor by \_\_\_\_\_
- ☐ Weekly Check-In with SLC beginning \_\_\_\_\_ Ending \_\_\_\_\_
- ☐ Mandatory Assessment for Evaluation/Treatment at Four County Mental or place of your choosing by \_\_\_\_\_
- ☐ Monthly Check-In with Executive Director of Student Services
- ☐ Report from Instructor/s - \_\_\_\_\_
  - ☐ Weekly
  - ☐ Monthly
- ☐ Other: \_\_\_\_\_

**Student/Academic Code of Conduct Violations**

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Agreement**

I agree to complete the Corrective Actions in the timeline agreed and listed above. I further agree to follow Cowley College's Student and Academic Code of Conduct. I understand that if I do not complete the Corrective Actions or have any further violations for either the Student/Academic Code of Conduct listed above, it may result in my suspension and/or dismissal from the program I am currently enrolled in at Cowley College.

- Student Signature and Date: \_\_\_\_\_
- Facilitator's Signature and Date: \_\_\_\_\_
- Instructor/Other Parties Involved: \_\_\_\_\_
- \_\_\_\_\_

**Forward copy of this completed form to the Executive Director of Student Services and Vice President of Academic Affairs**