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