

Annexure-1



CONTINENTAL INSTITUTE FOR INTERNATIONAL STUDIES

ACADEMIC MISCONDUCT

Student's Name:

Date:

Student ID:

Part 1

TO BE COMPLETED BY THE COURSE INSTRUCTOR.

The information below identifies an incident of academic misconduct and names the student responsible.

Course: _____ Instructor: _____

Work or Activity: _____

Date: _____

ID No.: _____ Student: _____

Offence

- Cheating
- Fabrication
- Plagiarism
- Facilitating Academic dishonesty
- Denying Access to Information or Material
- Copyright Violation

Specifics: _____

Recommended Penalty:

↑ Minimum Penalty of _____

(E.g. first offence: grade of zero on the work involved)

Other: _____

Signature of Instructor

Date

Part-2

THE FOLLOWING IS TO BE COMPLETED BY THE STUDENT, within five days, in the presence of and witnessed by a Program Coordinator.

- I acknowledged the started offence to be true and correct, and I accept the penalty stated (note that an upward adjustment in severity may be made if previous incidents are revealed in student record)
- I acknowledged the stated offence to be true and correct, but I do not accept the penalty which is above the minimum stated in the policy and request an appeal Hearing on this matter.
- I do not acknowledge the stated offence and request and appeal Hearing on this matter.

Student

Date

Program Coordinator

Copies to Student:

Instructor

Program Coordinator

Academic Officer

ANNEXURE - 2
Behavioral Misconduct Form (BMF)



CONTINENTAL INSTITUTE FOR INTERNATIONAL STUDIES

BEHAVIOURAL MISCONDUCT

Student's Name:
Student ID:

Date:

Part I

Part II

Following to be completed by the student in the presence of and witnessed by the Manager Administration/ Coordinator and Student Counselor.

I accept the terms and conditions stated above.

I do not accept the terms and conditions stated above.

Student

Date

Hostel Supervisor/Faculty

Date

Student Counselor

Date

Manager Administration /Coordinator

Date

ANNEXURE – 3



CONTINENTAL INSTITUTE FOR INTERNATIONAL STUDIES



REQUEST FOR ASSESSMENT OF PREVIOUS LEARNING
Supporting documents must accompany this request

To be completed by Student:

I am applying for: EXEMPTIONS (0040-1900) ADVANCED STANDING (0040-1900)
 CO-OP EXEMPTION (0040-1900) PRIOR LEARNING ASSESSMENT [PLA] (1327-1900) Georgian Student No. _____ (if issued)

PLEASE PRINT

Student Name: _____ Telephone: () _____ () _____
FIRST MIDDLE LAST HOME BUSINESS

Address: _____ Campus: Barrie Orillia Owen Sound
NO. STREET CITY POSTAL CODE Other: _____

Program: _____

LIST THE NAME AND NUMBER OF THE GEORGIAN COURSE(S) FOR WHICH YOU SEEK ASSESSMENT **LIST SOURCE OF LEARNING: include credit course #/course(s) taken, year, grade and/or life and work experience(s)**

SEMESTER <input type="checkbox"/> Fall 19 ____ <input type="checkbox"/> Winter 19 ____ <input type="checkbox"/> Spring/Summer 19 ____	STUDENT TYPE (check two) <input type="checkbox"/> NEW or <input type="checkbox"/> RETURNING <input type="checkbox"/> DAY or <input type="checkbox"/> EVENING
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COURSE NUMBER	COURSE NAME	COURSE NUMBER	SOURCE OF LEARNING	ACADEMIC DECISION
				<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ SIGNATURE DATE
				<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ SIGNATURE DATE
				<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ SIGNATURE DATE
				<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ SIGNATURE DATE
				<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ SIGNATURE DATE
				<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ SIGNATURE DATE
				<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ SIGNATURE DATE

NOTES: 1. High School marks and University/College "Official" transcript must be submitted with this request together with a summary, course outline or course description of the equivalent subject. Failure to provide this information **WILL** prevent processing of your request.
 2. Life and work experience must be detailed if used as a basis for request with letters of reference if possible.
 3. For Prior Learning Assessment (PLA) a portfolio of previous learning must accompany this request.

FOR OFFICE USE ONLY Fee Required: YES NO Amount Owing \$ _____

Paid \$ _____ Receipt # _____

Decision Approved by Registrar/or Designate: _____

Date: _____

Student's Signature: _____ Date: _____

ANNEXURE – 4



CONTINENTAL INSTITUTE FOR INTERNATIONAL STUDIES

MARKS CHANGE FORM

TO : REGISTRAR'S OFFICE

FROM : _____

Date : _____

STUDENT NAME : _____
STUDENT NUMBER _____
COURSE NUMBER _____
COURSE NAME _____
PROGRAM : _____
SECTION NUMBER _____
MARK CHANGE FROM _____ TO _____
REASON FOR CHANGE: _____

COORDINATOR

ACADEMIC OFFICER

CC – Student File

INSTRUCTOR

NOTE: PLEASE CHECK FOR COMPLETION OF LEARNING LAB CONTRACT AND / OR WRITING OF LANGUAGE PROFICIENCY TEST BEFORE SENDING MARKS FOR COMMUNICAITON 1

ANNEXURE – 5



CONTINENTAL INSTITUTE FOR INTERNATIONAL STUDIES

**REQUEST FOR CHANGE OF
COURSE/PROGRAM/SECTION**

Office Use Only

Name: First _____ Middle _____ Student Number: _____ Date: _____
Last _____

Present Program: _____
PROGRAM TITLE Program Code Version Academic Level Semester
New Program*: _____
PROGRAM TITLE Program Code Version Academic Level
Semester Full-Time Student† Part-Time Student†

Action Code: A=Add WD= Withdraw* AU= Add Audit

Action	Course Number	Course Name	Program/Section	Hrs.

Office Use Only:

Office Use Only: _____ Total hrs. x. Rs.----- = Rs.
Other (specify) _____ Rs.
Total due: _____ Rs. Refund:Rs. _____

- NOTE: If you are withdrawing from a course(s) or changing programs, this WILL AFFECT YOUR O.S.A.P ENTITLEMENT. This may also affect your status (e.g. now part-time). Please check with Financial Aid. You are also strongly advised to seek assistance from the Counseling Services Department for all changes.

Requested: _____ Date _____
Student
Recommended:* _____ Date _____
Co-coordinator/or Designate/Co-op Consultant(if appropriate)
Co-coordinator/or Designate/Co-op Consultant(if appropriate) Date _____
Approved: _____ Date _____
Registrar/or Designate

Note * If transferring courses or programs, both Co-coordinator's recommendations are required.

- If transferring from or to co-op, recommendations from your co-coordinator and co-op consultant are required.

For Accounting Use Only
