

Form Number: 623b
Form Name: Suspected Violation of Graduate Nursing Student Conduct Standards Policy Form
Reviewed by: Graduate Nursing Council
Last Review Date: 04/12/24

Student Name: _____
Course Name and # (if applicable): _____

Action Plan	Description	Supporting Documentation
S-Situation	<i>Briefly describe the suspected behavior or action of concern.</i>	
B-Background	<i>Document the facts suspected behavior or action, including date, time, location, situation, names of persons involved as applicable</i>	
A-Assessment	<i>Identify the seriousness of the behavior or action as it relates to UND or nursing policies, professional standards or course syllabi</i>	
R-Recommendations	<i>Plan to address suspected behavior or action is shared with student, including resources needed to reach the desired outcome. Set a time and date for a follow-up meeting (if applicable) to discuss an action plan for addressing the suspected behavior or action</i>	
		Follow-Up Meeting: _____

Faculty/Staff Signature: _____ Date: _____

Graduate Track/Program Director: _____ Date: _____

Student Signature: _____ Date: _____

Action Plan	Description	Supporting Documentation
Follow-up Meeting (if applicable)	<i>Review of recommendation plan.</i>	
Resolution	<i>Describe resolution</i>	

Faculty/Staff Signature: _____ Date: _____

Graduate Track/Program Director: _____ Date: _____

Student Signature: _____ Date: _____

Copy of this form is to be placed in student file in the Office of Student Services.

Approved by Graduate Nursing Council R 04/12/24
Approved by Nursing Faculty R