



School or Department

Address Line 1
Memphis, Tennessee 38152-3370

Office: 901.678.0000
Fax: 901.678.0000

www.memphis.edu

[Date]

[Recipient]
[student ID#]
[studentemail@memphis.edu]
[Address 1]
[Address 2]
[Address 3]

Dear [Recipient],

This letter is in reference to our meeting that occurred on [insert date of meeting]. Based upon that meeting and the information available to me at this time, I have determined that it is appropriate to [insert decision (uphold or modify)] the summary decision of your instructor.

If you wish to appeal my decision, you may do so by contacting the Office of Student Accountability to schedule a meeting with the Associate Dean of Students by calling (901) 678-2298, within five (5) business days of the date of this letter. The Associate Dean of Students will explain your rights and prepare you to move forward with your appeal.

Information on the University's Academic Integrity Policy is available in the Code of Student Rights and Responsibilities which may be found at: <http://www.memphis.edu/saos/pdfs/csrr.pdf>.

Sincerely,

[Your Name]
[Your Title]
[Your Contact Information]

CC: Office of Student Accountability