

Please complete the first page of this form and SUBMIT it to
the Health Professions Advising Office, Mendel Room 143

DEAN OF STUDENTS DISCIPLINARY REPORT

(regarding personal qualifications for health professional school and
the health professions)

Last name, first name, middle initial

College

Class of

STUDENT DISCLOSURE: Medical schools need to know if you were ever the recipient of any institutional action resulting from unacceptable academic performance or a conduct violation, even if such action did not interrupt your enrollment, require you to withdraw, or does not appear on your official transcripts due to institutional policy or personal petition. **PLEASE NOTE** that professional schools expect full disclosure of all transgressions even if the VU policy of non-disclosure means that your disciplinary report may not lead to release of the violation in the report. Moreover, professional schools expect complete transparency and integrity from applicants. Many minor transgressions such as RA write-ups, meetings with a representative with the Dean of Students Office, etc. are so minor that they will NOT be included in the committee letter. Likewise, some more serious transgressions including probationary violations of the alcohol policy do not necessarily keep students out of professional school. In order for the HPA Office to support each candidate to the best of our ability, we must understand the nature of any violation of policy and will discuss these issues at the committee letter meeting. Based on the above, please respond to the following question:

Have you ever been subject to any institutional disciplinary/administrative action resulting from a violation of University policy?

Circle

YES

NO

If **YES**, in the space below please provide the following information: date; circumstances; infraction(s); sanction(s) issued; any administrative measure(s) taken. If there is more than one infraction, please list each item separately. If additional space is required, please attach another sheet to this form:

STATEMENT OF STUDENT: I request that this form be sent to the Health Professions Advisor of Villanova University with the understanding that it may be used in preparing my Health Professions Evaluation and Committee Letter. I also understand the Health Professions Advisor will forward this form to the Dean of Students to verify my disclosure (above) of any violation of University policy. The Dean of Students will inform the Health Professions Advisor who, in turn, may so inform the health professions schools to which I have applied.

Date: _____ Signature: _____ Student ID: _____

TO THE DEAN: Your comments may be used in the preparation of the Villanova University Health Professions Advisor Evaluation of this student. The importance of this form both to the student and to the reputation of Villanova cannot be overemphasized. Prompt completion of this form will be appreciated by both the applicant and the Advisor, because our evaluations cannot be prepared until this report is received. Thank you very much for your help.

(PLEASE DO NOT COMPLETE THIS FORM UNTIL THE END OF THE SPRING TERM FOR A STUDENT CURRENTLY ENROLLED IN VILLANOVA UNIVERSITY.)

Has the applicant ever been subject to disciplinary /administrative action as a result of a violation of University policy? Yes No

Are any disciplinary charges CURRENTLY pending? Yes No

If the answer to the above question(s) is “yes”, please explain in detail on this form. (If necessary, please continue on a separate sheet attached to this form.)

Name: _____

Position: _____

Signature: _____ Date: _____