|  |  |
| --- | --- |
| Faculty of  liberal arts & professional studies  **Office of the Dean**  S900 ROSS BLDG.  4700 KEELE ST.  TORONTO ON  CANADA M3J 1P3  T 416 736 5220  F 416 736 5750  laps.yorku.ca | FACULTY OF LIBERAL ARTS AND PROFESSIONAL STUDIES WAIVER OF 7-DAYS NOTICE FOR EXPLORATORY MEETING  As per section 3.5.1 of the Senate Policy on Academic Honesty, I understand that I am entitled to at least seven calendar days written notice of a scheduled exploratory meeting to discuss concerns of a suspected breach of academic honesty.  By signing this document, I confirm that it is my desire to waive that right (7-days notice) in order to proceed with the meeting earlier (if possible).  Click here to enter text.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Relevant Course (Please include session, department, section and tutorial if applicable)*    Enter Student’s Name.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Student Signature of Student Enter Student’s Number Click here to enter date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Number Date |
|  |  |