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| Faculty of liberal arts & professional studies**Office of the Dean**S900 ROSS BLDG. 4700 KEELE ST.TORONTO ONCANADA M3J 1P3T 416 736 5220F 416 736 5750laps.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 StudentEnter Student’s Number Click here to enter date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Number Date |
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