



*HLC Accreditation Evidence*

Barton Community College XF Form

URL:

Office of Origin: Vice President of Instruction

Contact(s):

- Vice President of Instruction

**Barton County Community College  
Office of Instruction  
XF Form**

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TO: Enrollment Services Office  
FROM: Office of Instruction  
RE: Violation of Academic Integrity Policy/XF  
DATE: \_\_\_\_\_

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Course: \_\_\_\_\_

CRN: \_\_\_\_\_ Term: \_\_\_\_\_ Grade: \_\_\_\_\_

Instructor: \_\_\_\_\_

Justification (please include how student was made aware of violation and subsequent penalty):

\_\_\_\_\_  
**Instructor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice President of Instruction**

\_\_\_\_\_  
**Date**

cc: student file(s)