MEDICAL REVIEW COMMITTEE REQUEST FOR HONOR COUNCIL PROCEEDINGS

To be filled out by student:

NAME________________________is submitting medical records for consideration by the Honor Council. The records are being provided for following purposes:

☐ Judgment: I am submitting that the medical/psychological condition render me not responsible for the violation.

Please explain how the medical or psychological condition impacted the reported violation(s).

Please explain how the condition relates to the reported violation(s).

☐ Sanction: I am submitting that the medical/psychological condition is an extraordinary circumstance that justifies deviation from a standard/presumed sanction as suggested in the Honor Code.

How does the condition serve to establish that extraordinary circumstances exist that warrant deviating from the standard/presumed sanction as outlined in the Honor Code.

If you have any medical records, direct your providers to send them to Community Values & Restorative Practices, crvp@wm.edu or fax to 757-221-2538 (ATTN: Dean Gilbert) as soon as The Honor Council cannot accept records directly submitted by the student.