



## UTAH VALLEY UNIVERSITY

### Policies and Procedures

<b>POLICY TITLE</b>	Academic Rights and Responsibilities of Healthcare and Counseling Clinical Program Students	<b>Policy Number</b>	548
<b>Section</b>	Student Affairs	<b>Approval Date</b>	March 20, 2025
<b>Subsection</b>	Student Rights	<b>Effective Date</b>	March 20, 2025
<b>Responsible Office</b>	Office of the Provost/Senior Vice President of Academic Affairs	<b>Last Review</b>	March 20, 2025

#### 1.0 PURPOSE

**1.1** This policy establishes requirements for the conduct and behavior of healthcare and counseling clinical students and outlines due process procedures for addressing alleged student violations of this policy, delineates the range of disciplinary sanctions for violations and establishes procedures for appeal of disciplinary sanctions.

#### 2.0 REFERENCES

- 2.1** *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*
- 2.2** *UVU Policy 114 Conflict of Interest*
- 2.3** *UVU Policy 152 Accommodations for Individuals with Disabilities*
- 2.4** *UVU Policy 155 Alcohol- and Drug-Free Workplace*
- 2.5** *UVU Policy 162 Sexual Misconduct*
- 2.6** *UVU Policy 165 Discrimination, Harassment, and Affirmative Action*
- 2.7** *UVU Policy 510 Graduate Admissions and Continuation*
- 2.8** *UVU Policy 521 Undergraduate Academic Standards*
- 2.9** *UVU Policy 541 Student Code of Conduct*
- 2.10** *UVU Policy 542 FERPA (Student Record Privacy)*
- 2.11** *UVU Policy 704 Minors on Campus and at University-sponsored Events*



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#### 3.0 DEFINITIONS

**3.1 Conflict of interest:** A conflict of interest exists when a student clinician's professional judgement or performance is biased or compromised by the student's non-university activities or interests, or positions in outside organizations that could cause unsatisfactory performance or bias in the student clinician's university responsibilities.

**3.2 Clinical program:** An academic program that requires a healthcare or counseling clinical component. For the purposes of this policy, a clinical program encompasses both a didactic (classroom) component and a clinical component. For graduate clinical programs, all courses in the program are considered a part of the didactic or clinical component of the program. For undergraduate clinical programs, courses taught by clinical faculty are considered part of the didactic or clinical component of the program.

**3.3 Director of clinical program:** Individual with overall responsibility for the didactic and clinical components of a specific clinical program.

**3.4 Director of clinical education:** Individual responsible specifically for providing support and oversight of preceptors and trainees in the clinical component of a program. This individual might also be known as the field education director. In some clinical programs, the director of clinical program may also fulfill this role.

**3.5 UVU Director of Clinical Studies:** Individual with overall university oversight and responsibility for all university clinical programs.

**3.6 Dismissal:** Dismissal is a disciplinary measure that results in a student's termination from the clinical program.

**3.7 Circumstances requiring immediate action:** For the purposes of this policy, timely safety concerns that reasonably prohibit the director of clinical program from first consulting with the UVU Director of Clinical Studies and Office of General Counsel before imposing certain interim measures, including interim suspension from the clinical program.

**3.8 Intentional or serious misconduct:** For the purposes of this policy, intentional or serious misconduct is conduct that presents a significant risk of harm to the University, university community, or clinical site community by posing physical or psychological damage, injury, financial loss, or exposure to legal liability. This could include violations of university policy or the *UVU Code of Conduct*, UVU Clinical Education Council guidelines, clinical program guidelines, or clinical facility policies or codes; or local, state, or federal law.

**3.9 Arbitrary and capricious:** A decision is arbitrary and capricious if it so substantially departs from accepted academic norms as to demonstrate that the academic decision-maker did not actually exercise professional judgment. This could be the case, for example, if the decision



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maker relied on improper or irrelevant factors, entirely failed to consider an important aspect of the problem, offered an explanation for their decision that runs counter to the evidence, or is so implausible that it could not be ascribed to a difference in view or a product of the decision maker's expertise.

**3.10 Clinical program probation:** For the purposes of this policy, this action provides a student a final opportunity to remediate performance or conduct issues before facing possible dismissal from the program. Clinical program probation (probation), as regulated under this policy, is distinct from academic sanctions from the University, as regulated under UVU Policy 521 *Undergraduate Academic Standards*.

**3.11 Preceptor:** An experienced clinical practitioner who supervises, trains, and mentors students in clinical settings. Preceptors must be credentialed and state licensed to practice their specialization. Full-time clinical program faculty may also serve as preceptors.

#### 4.1 POLICY

#### 4.2 Scope of this Policy

**4.2.1** All students shall fulfill the responsibilities and behavioral expectations outlined in UVU Policy 541 *Student Code of Conduct*; all students are subject to that policy's disciplinary processes. Policy 548 establishes additional standards of behavior for students in academic clinical programs and disciplinary processes for student disputes applicable to the didactic (classroom) and clinical components of a clinical student's education.

**4.2.1.1** If a clinical student is dismissed from the University for violating UVU Policy 541 *Student Code of Conduct*, then the student is automatically dismissed from their academic clinical program.

**4.2.1.2** If an undergraduate clinical student is dismissed from their academic clinical program for violating Policy 548, they are not necessarily dismissed from the University.

**4.2.1.3** Graduate students are admitted to the University for a specific program; therefore, if a graduate clinical student is dismissed from their academic clinical program for violating Policy 548, then the student is also automatically dismissed from the University.

**4.2.1.4** Informal remediation, formal remediation, probation, and dismissal actions laid out in sections 5.2, 5.3, 5.4, and 5.5, respectively, are considered academic sanctions under Policy 548 and Policy 541; however, this policy and its procedures have precedence over Policy 541.



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#### **4.3 Eligibility to Participate in Clinical Programs**

**4.3.1** In order to be admitted to a clinical program, applicants must meet the following minimum requirements:

**4.3.1.1** Must pass a criminal background check and drug test;

**4.3.1.2** Must obtain certain immunizations specified by the Clinical Education Council (CEC), clinical program, and clinical site in accordance with Center for Disease Control (CDC) guidelines; and

**4.3.1.3** Adhere to the dress code and conduct guidelines and processes of the CEC, clinical program, and clinical site.

#### **4.4 Unsatisfactory Performance or Conduct**

**4.4.1** Unsatisfactory performance or conduct occurs when a student violates any of the following standards:

**4.4.1.1** Legal requirements, whether local, state, or federal;

**4.4.1.2** Utah Valley University Policy 541 *Student Code of Conduct* policies and procedures;

**4.4.1.3** University Clinical Education Council guidelines;

**4.4.1.4** University clinical program guidelines, standards, practices, or expectations;

**4.4.1.5** Clinical training site policies, procedures, guidelines, standards, practices, or expectations;

**4.4.1.6** Professional ethical standards for the student's field of clinical study;

**4.4.1.7** Any other expectations communicated to the student verbally or in writing by a supervisor; or

**4.4.1.8** Other behaviors engaged by a student that a reasonable clinical professional would believe to be in violation of expectations, whether these expectations are defined in policy, practice, guidelines, standards, or expectation.



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#### 5.0 PROCEDURES

##### 5.1 Academic Misconduct and Sanctions–Student Dispute and Disciplinary Matters

**5.1.1** Except for intentional or serious misconduct, or actions that endanger the health or safety of others, a pattern of misconduct or underperformance should be evident before imposing an academic sanction on a student. The disciplinary processes in this policy provide a means for remediating inadequate clinical performance and, ideally, should represent a constructive problem-solving collaboration between the student, program director, and faculty/preceptor.

**5.1.2** Corrective actions are typically progressive in nature, beginning with the least severe action necessary to correct the undesirable situation and increasing in severity if the condition is not corrected. However, it is important that the degree of discipline be related directly to the seriousness of the offense and the trainee's record; therefore, it is possible that the following corrective actions may not necessarily follow the order listed below, and/or may be repeated. Under a progressive disciplinary approach, dismissal should not be the first disciplinary measure unless the trainee's misconduct poses a significant risk of harm to the University, university community, or clinical site community by posing physical or psychological damage, injury, financial loss, or exposure to legal liability.

**5.1.3** In assessing the severity of the academic sanction to be imposed, the clinical program may consider any of the following factors, including, but not limited to:

**5.1.3.1** Physical or psychological safety issues;

**5.1.3.2** Clinical service impact;

**5.1.3.3** Financial impact on the patients, clinical site, clinical program, or University;

**5.1.3.4** Resultant disruption level to the clinical site, clinical program, or University;

**5.1.3.5** Violation of federal, state, or local law;

**5.1.3.6** Impact on the University's affiliation relationships with hospitals and other health care providers; or

**5.1.3.7** History of performance or conduct issues, including previous violations of Policy 541 *Student Code of Conduct*.

**5.1.4** When a program determines that a student's performance or conduct is unsatisfactory, the program may impose one or more of the following actions: informal remediation, formal remediation, probation, and dismissal.



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**5.1.5** A clinical site's reprimand or discipline of a clinical student's performance or behavior does not necessarily amount to a violation of this policy. The clinical program shall assess separately the disciplinary measure taken by the clinical site before determining the need for any informal or formal academic sanction under this policy.

**5.1.6** When a record of reprimand or discipline result from a clinical student's behavior, this record will also be submitted to the Office of Student Rights and Accountability, who will provide feedback as to any relevant history of behavior concerns regarding that student (in accordance with FERPA) and, if appropriate, recommendations regarding remediation.

### **5.2 Informal Remediation**

**5.2.1** The University encourages informal remediation between the clinical program and the student for minor misconduct issues or deficiencies in the student's didactic or clinical performance. The goal of informal remediation is to improve performance in the student's clinical didactic or clinical education.

**5.2.2** Informal remediation decisions are made within the clinical program. The clinical program shall memorialize in writing the informal remediation plan, provide a copy of the remediation plan to the student, and keep the memorialized informal remediation plan in a designated, secure physical or electronic recordkeeping location, and submit a copy to the Office of Student Rights and Accountability in the case of behavior misconduct. The informal remediation plan shall set a timeline for completion of the informal remediation objectives. These objectives will be outlined in the plan in concrete, and understandable detail. The objectives in the informal remediation plan will be tailored to facilitate student success. The required action(s) must be achievable by the student at their current stage within the training program in the time available. Informal remediation of the misconduct or performance deficiency of the student shall occur within 14 days after the clinical program receives notice.

**5.2.3** The written informal remediation plan shall:

**5.2.3.1** List each performance and/or conduct problem;

**5.2.3.2** List what the student needs to do to address each problem,

**5.2.3.3** State a timeline for addressing each problem; and

**5.2.3.4** If applicable, list what the clinical program can and will do to help the student address the problem.

**5.2.4** When possible, remediation actions should be addressed in person with the student; however, emails or letters are also considered official forms of communication.



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**5.2.5** The director of clinical program and/or director of clinical education shall schedule frequent meetings with the student to discuss progress and to provide adequate and timely feedback. Meeting frequency should be no less than monthly until the performance or behavior issue has been fully resolved to the satisfaction of the clinical program director and/or director of clinical education.

**5.2.6** After the performance or behavior issues have been fully resolved to the satisfaction of the clinical program director and/or director of clinical education, the satisfactory resolution of the academic or behavioral issue shall be documented in the student's training record. If the performance or behavior issues have not been fully resolved to the satisfaction of the clinical faculty within the timeline provided in the informal remediation plan, the lack of satisfactory completion of the plan shall be documented in the student's training record for performance or behavior issues and with the Office of Student Rights and Accountability for behavior misconduct issues.

**5.2.7** Informal remediation is managed within the clinical program and is not reportable on future reference letters. The memorialized informal remediation plan constitutes a record of the discussion between the clinical program and student.

**5.2.8** Informal remediation actions are not appealable. However, a student may submit a written response to the informal remediation plan to the director of clinical program within five business days of the student's receipt of the informal remediation plan. This response will be kept with the student's training record.

### **5.3 Formal Remediation**

**5.3.1** Formal remediation is the next step when

**5.3.1.1** Informal remediation has failed to resolve the misconduct or performance deficiency;

**5.3.1.2** The student has a history of one or more instances of misconduct or performance deficiency;

**5.3.1.3** When the misconduct at issue is more than minor but less than serious; or

**5.3.1.4** When a student is not meeting the clinical program's performance expectations.

**5.3.2** Formal remediation may extend training beyond the original graduation date. It may include repeating a rotation or a portion of a rotation or requiring a special program such as additional supervision or additional didactic study.

**5.3.3** Formal remediation decisions are made within the clinical program. The clinical program shall memorialize in writing the formal remediation plan, provide a copy of the plan to the student, keep the plan in a designated, secure physical or electronic recordkeeping location, and



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submit a copy to the Office of Student Rights and Accountability for behavioral misconduct issues. The formal remediation plan shall set a timeline for completion of the formal remediation objectives, which will be outlined in the plan in concrete and understandable detail. The objectives in the formal remediation plan will be tailored to facilitate student success. The required action(s) must be achievable by the student at their current stage within the training program in the time available. Formal remediation of the misconduct or performance deficiency of the student shall take place within 14 days after the clinical program receives notice.

#### **5.3.4** The written formal remediation plan shall

**5.3.4.1** List each performance and/or conduct problem;

**5.3.4.2** List what the student needs to do to address each problem;

**5.3.4.3** State a timeline for addressing each problem; and

**5.3.4.4** If applicable, list what the clinical program can and will do to help the student address the problem.

**5.3.5** When possible, remediation actions should be addressed in person with the student; however, emails or letters are also considered official forms of communication.

**5.3.6** The director of clinical program and/or director of clinical education shall schedule frequent meetings with the student to discuss progress and to provide adequate and timely feedback. Meeting frequency should be no less than monthly until the performance or behavior issue has been fully resolved to the satisfaction of the director of clinical program and/or director of clinical education.

**5.3.7** After the performance or behavior issues have been fully resolved to the satisfaction of the director of clinical program and/or director of clinical education, the satisfactory completion of the academic or behavioral issue shall be documented in the student's training record. If the performance or behavior issues have not been fully resolved to the satisfaction of the clinical faculty within the timeline provided in the formal remediation plan, the lack of satisfactory completion of the plan shall be documented in the student's training record, and with the Office of Student Rights and Accountability for behavior misconduct issues.

**5.3.8** Formal remediation is administered and coordinated within the clinical program.

**5.3.9** Formal remediation decisions are appealable to the director of clinical program, as outlined in section 5.7 below. There is no right to escalate an appeal from formal remediation beyond the director of clinical program.





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**5.3.10** Before a formal remediation action is taken, the director of clinical program shall consult with the UVU Director of Clinical Studies. If the UVU Director of Clinical Studies is unavailable, the consultation may be made with the UVU Director of Clinical Studies' designee.

**5.3.11** Formal remediation may be reportable on future reference letters and will be reported to the Office of Student Rights and Accountability for behavior misconduct issues.

### **5.4 Probation**

**5.4.1** Probation serves as a final warning to a student of unacceptable performance and/or conduct.

**5.4.2** Probation is appealable as outlined in section 5.7 below.

**5.4.3** Probation decisions are made within the clinical program. Absent circumstances requiring immediate action, before a student is placed on probation, the clinical program director shall consult with the UVU Director of Clinical Studies. If the UVU Director of Clinical Studies is unavailable, the consultation may be made with the UVU Director of Clinical Studies' designee.

**5.4.4** The clinical program shall memorialize in writing the probation plan, provide a copy of the plan to the student, and keep the plan in a secure physical or electronic recordkeeping location designated by the clinical program. Probation involves a formal correction plan to correct unacceptable student performance or conduct. The plan shall state that the student is on probation. The plan shall outline specific behavioral criteria for the student to satisfy before the student may be removed from probation status. The required action(s) must be achievable by the student at their current stage within the training program.

**5.4.5** The written probation correction plan shall

**5.4.5.1** State that the student is on probation;

**5.4.5.2** List each performance and/or conduct problem;

**5.4.5.3** List what the student needs to do to address each problem;

**5.4.5.4** State a timeline for addressing each problem; and

**5.4.5.5** If applicable, list what the clinical program can and will do to help the student address the problem.

**5.4.6** Corrective actions should be addressed in person with the student when possible; however, emails or letters are also considered official forms of communication.

**5.4.7** The director of clinical program and/or director of clinical education shall schedule frequent meetings with the student to discuss progress and to provide adequate and timely



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feedback. Meeting frequency should be no less than monthly until the performance or behavior issue has been fully resolved to the satisfaction of the clinical program.

**5.4.8** After the performance or behavior misconduct issues have been fully resolved to the satisfaction of the clinical program, the satisfactory resolution of the academic or behavioral misconduct issue shall be documented in the student's training record. If the performance or behavior issues have not been fully resolved to the satisfaction of the clinical faculty within the timeline provided in the probation correction plan, the lack of satisfactory completion of the plan shall be documented in the student's training record, and with the Office of Student Rights and Accountability for behavior misconduct issues.

**5.4.9** Probation is reportable on future reference letters and to licensing boards.

### **5.5 Dismissal**

**5.5.1** Dismissal results in the student's termination from the clinical program. Dismissal is appealable to the Clinical Student Appeal Committee as outlined in sections 5.7 and 5.8. No further appeals from dismissal are available beyond the Clinical Student Appeal Committee's review as outlined in section 5.8.

**5.5.2** Dismissal decisions are made within the clinical program. Before dismissing or inviting the student to resign from the program, the clinical program shall consult with the UVU Director of Clinical Studies and Office of General Counsel.

**5.5.3** The UVU Director of Clinical Studies and Office of General Counsel shall review and approve dismissal letters before delivery by the program.

**5.5.4** Dismissal actions will be reported on future reference letters and to licensing boards.

**5.5.5** Before being formally dismissed from their clinical program, students may be offered the opportunity to resign from the clinical program. Resignation shall not be permitted after dismissal. Generally, resignation is not an option in cases of intentional or serious misconduct. Care should be taken not to coerce or appear to coerce students to resign rather than appeal the dismissal decision.

**5.5.6** Students cannot appeal their decision to resign.

### **5.6 Clinical Student Appeal Committee**

**5.6.1** The Clinical Student Appeal Committee is an ad hoc committee that considers dismissal appeals.

**5.6.2** The UVU Director of Clinical Studies shall appoint the Clinical Student Appeal Committee.



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**5.6.3** The Clinical Student Appeal Committee shall consist of the committee chair, one clinical faculty member, and one clinical student with no substantial prior involvement in the dispute. However, knowledge of the matter involved does not preclude any individual from serving as a member of the Committee. The faculty member and student may come from any of the University's clinical programs.

**5.6.4** The UVU Director of Clinical Studies shall serve as the chair. If the UVU Director of Clinical Studies has a conflict of interest with the dismissal appeal or is otherwise unable to participate in the hearing in a timely manner, the UVU Director of Clinical Studies may appoint a clinical faculty member who does not have a conflict of interest to serve as committee chair.

### **5.7 Appeals Process**

**5.7.1** Students may challenge an academic sanction as unfair first through informal resolution discussions with appropriate individuals within the clinical program. If informal resolution is not successful, the student may address the academic sanction in accordance with the following procedures.

**5.7.2** Formal remediation, probation, and dismissal appeals must be in writing and must be submitted to the director of clinical program within five business days after the student's receipt of notification of the formal remediation, probation, or dismissal action. If the student does not file a written appeal within this timeframe, the student shall have waived the right to appeal the action. The student may submit written materials to the director of clinical program in support of the written appeal.

**5.7.3** If the director of clinical program participated in the academic sanction decision, the UVU Director of Clinical Studies may designate a third-party (e.g., associate dean) with equal or higher rank in the chain of command to the director of the clinical program (e.g., associate dean) to respond to the student's appeal in place of the director of clinical program.

**5.7.4** The director of clinical program (or designee) shall respond in writing to the student's written appeal within 15 business days of the director's receipt of the appeal.

**5.7.5** To recommend overturning the original academic sanction, the director of clinical (or designee) program must determine that the academic sanction was arbitrary or capricious.

**5.7.6** The decision of the director of clinical program is final for formal remediation and probation.

**5.7.7** A second level of appeal is available in dismissal actions. The student may appeal the decision of the director of clinical program's (or designee) to the UVU Director of Clinical Studies by filing a written appeal within five business days of the student's receipt of the written decision of the director of clinical program. If the student does not file a written appeal within this timeframe, the student shall have waived the right to further appeal the academic sanction.



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**5.7.8** The student's written appeal to the UVU Director of Clinical Studies must contain the following elements:

**5.7.8.1** Description of the matter in dispute;

**5.7.8.2** A brief statement as to why the student considers the action arbitrary or capricious;

**5.7.8.3** A statement of the requested remedy;

**5.7.8.4** A copy of the student's original written appeal to the director of clinical program for this dispute; and

**5.7.8.5** A copy of the director of clinical program's response to the original written appeal.

**5.7.9** For dismissal appeals, the student is entitled to a formal hearing before the Clinical Student Appeal Committee. Within ten (10) business days of receiving a notice of appeal from a dismissal action, the UVU Director of Clinical Studies shall contact the Clinical Student Appeal Committee to schedule a hearing.

### **5.8 Clinical Student Appeal Committee Hearing**

**5.8.1** The UVU Director of Clinical Studies shall formally notify the trainee and director of clinical program (parties) through a Notice of Hearing containing the date of the hearing to the Clinical Student Appeal Committee, the names of the Clinical Student Appeal Committee members, and the hearing procedures at least ten business days prior to the date of the hearing.

**5.8.2** Any member of the Clinical Student Appeal Committee with any actual conflict of interest in the appeal shall be recused and replaced by an individual chosen by the UVU Director of Clinical Studies. If a committee member is accused by a party of an actual or perceived conflict of interest, the remaining members of the Committee shall determine whether the committee member must recuse. If there are not enough members of the Committee after all conflicts of interest have been addressed, the UVU Director of Clinical Studies shall create a list of acceptable members to serve.

**5.8.4** The UVU Director of Clinical Studies shall make available to both parties and the Committee the appeal documentation submitted by the student at least ten business days prior to the date of the hearing.

**5.8.5** A representative from the clinical program whose decision is being reviewed by the Clinical Student Appeal Committee may deliver a response to the student's appeal to the chair of the Committee, with a copy to the appealing student, at least five business days prior to the date of the hearing.



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**5.8.6** At least three business days prior to the date of the hearing, the parties shall make available to each other and to the Clinical Student Appeal Committee: (1) a list of their witnesses; (2) a copy of the documents to be offered at the hearing; (3) a list of proposed questions each party would like the committee chair to ask their witnesses; and (4) a brief summary of the party's position on the issues being grieved. In exceptional circumstances and pursuant to the Clinical Student Appeal Committee's discretion, a party may be permitted to call witnesses not previously listed or to submit additional documents at the hearing. At least 24 hours prior to the date of the hearing the parties shall make available to each other and to the Clinical Student Appeal Committee a list of proposed questions each party would like the committee chair to ask the opposing party's witnesses.

**5.8.7** A member of the Office of General Counsel or Utah Attorney General's Office shall serve as a resource to the Clinical Student Appeal Committee and may be present at the hearing and post-hearing deliberations to provide guidance on this policy, substantive law, and procedural matters. The attorney advising the Committee shall have no conflict of interest.

**5.8.8** A member of the Office of Student Rights and Accountability may serve as a resource to the Clinical Student Appeal Committee for behavioral misconduct issues and may be present at the hearing and post-hearing deliberations to provide guidance on this policy and procedural matters. The member of the Office of Student Rights and Accountability shall have no conflict of interest.

**5.8.9** Hearings shall be closed to the public.

**5.8.9.1.1** Hearings shall be audio-recorded, and copies of the recording shall be made available to any party upon request. Clinical Student Appeal Committee deliberations and voting shall take place in closed, off-the-record sessions that shall not be recorded.

**5.8.10** At the hearing, the parties shall have the right to present written questions to witnesses through the Committee chair and to present relevant evidence and call witnesses in accordance with the Committee's established internal procedures. Cross-examination of witnesses is allowed only through the Committee Chair.

**5.8.11** The hearing shall not be bound by strict rules of legal evidence or procedure.

**5.8.12** To recommend overturning a dismissal decision, the Committee must find that the academic sanction was arbitrary or capricious. The parties shall be notified in writing of the Committee's final decision within 15 business days after the hearing concludes. A copy of the final decision shall be sent to the Office of Student Rights and Accountability for behavior misconduct issues.

**5.8.13** The Committee must have a quorum present to hold a hearing. A quorum consists of three members of the Clinical Student Appeal Committee. All decisions of the Committee shall require



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a majority vote of the Committee members present at the hearing. All committee members must be in good standing with the University.

**5.8.14** If either party to the appeal fails to attend the hearing without good cause, the Committee may proceed with the hearing, take testimony and evidence, and reach a decision.

POLICY HISTORY		
<b>Date of Last Formal Review:</b> <a href="#">Click here to enter a date.</a>		
<b>Due Date of Next Review:</b> <a href="#">Click here to enter a date.</a>		
Date of Last Action	Action Taken	Authorizing Entity
April 29, 2021	New policy approved.	UVU Board of Trustees
May 9, 2023	Non-substantive change: Policy 324 <i>Drug-free Workplace</i> updated to Policy 155 <i>Alcohol- and Drug-free Workplace</i> .	UVU General Counsel
March 20, 2025	Policy approved with limited scope revisions in the regular policy process.	UVU Board of Trustees

\*More information on the formal review can be found in Policy 101 section 4.7.3.