UNIVERSITY OF MISSOURI
Columbia . Kansas City . Rolla . St. Louis

BOARD OF CURATORS

Minutes of the Board of Curators Meeting
Thursday, April 16, 2026

A Health Affairs Committee meeting was held April 9, 2026, in conjunction with the April 16, 2026, Board meeting.

BOARD OF CURATORS MEETING – PUBLIC SESSION

A meeting of the Board of Curators was convened in public session at 8:00 A.M. on Thursday, April 16, 2026, in St. Pat's Ballroom A&B of the Havener Center on the Missouri University of Science and Technology campus, Rolla, Missouri, pursuant to public notice given of said meeting. Curator Todd P. Graves, Chair of the Board of Curators, presided over the meeting.

Present
The Honorable Robert D. Blitz
The Honorable Robert W. Fry
The Honorable Todd P. Graves
The Honorable Lyda Krewson
The Honorable Jeff L. Layman
The Honorable Blaine Luetkemeyer
The Honorable John M. Raines
The Honorable Jeanne Cairns Sinquefield
The Honorable Michael A. Williams

Also Present
Dr. Mun Y. Choi, President, University of Missouri
Mr. Mark A. Menghini, General Counsel
Ms. Valerie Slayton, Secretary of the Board of Curators
Dr. C. Mauli Agrawal, Chancellor, University of Missouri–Kansas City
Dr. Richard Barohn, Executive Vice Chancellor for Health Affairs, MU – by Zoom
Dr. Mohammad Dehghani, Chancellor, Missouri University of Science and Technology

Ms. Marsha Fischer, Vice President for Human Resources and Chief Human Resources Officer
Mr. Jim Grimes, Chief Audit and Compliance Officer
Dr. John Middleton, Associate Vice President for Academic Affairs and Chief of Staff
Ms. Jody Mitori, Chief Marketing and Communications Officer
Mr. Ryan D. Rapp, Executive Vice President of Finance & Operations & MU Chief Financial Officer
Ms. Melissa Ringhausen, Athletic Director, Missouri S&T
Dr. Kristin Sobolik, Chancellor, University of Missouri-St. Louis
Media representatives

General Business

University of Missouri Board Chair's Report – presented by Chair Graves (slides on file)

Chair Graves presented a report regarding:

- Recognition of Missouri S&T Remington R. Williams Award Recipient Kaitlyn Dunahee
- Recognition of Missouri S&T Curators' Distinguished Professors Dr. Daryl Beetner, Dr. Feuwen Liou, and Curators' Distinguished Teaching Professor Dr. Christi Luks

University of Missouri System President's Report – presented by President Choi (slides on file)

President Choi presented a report that included updates for each university regarding:

- Missouri S&T Protoplex Dedication
- Enrollment and Faculty and Student Success
- Major Grants

Missouri S&T Campus Highlights – presented by Chancellor Dehghani (slides on file)

Chancellor Dehghani presented a report that included updates regarding:

- North Star Goals
- National Recognition
- Financial Strength

2027 Board of Curators Meeting Calendar

It was recommended by Chair Graves, endorsed by President Choi, moved by Curator Blitz and seconded by Curator Sinquefield, that the proposed 2027 Board of Curators meeting calendar be approved as follows:

PROPOSED 2027 BOARD OF CURATORS MEETING CALENDAR

DAY(S)	DATE(S)	LOCATION
Thursday	February 4	UM–Kansas City
Thursday	April 15	Missouri S&T
Thursday	June 24	TBD
Thursday	September 9	UM–Columbia
Thursday	November 11	UM–St. Louis

The motion carried unanimously (9-0) by voice vote with no abstentions.

Review Consent Agenda – No discussion.

Consent Agenda

It was endorsed by President Choi, moved by Curator Fry and seconded by Curator Williams, that the following items be approved by consent agenda:

CONSENT AGENDA

A. Minutes, February 5, 2026 Board of Curators Meeting
B. Degrees, Spring Semester 2026 for all universities
C. Amendment, CRR 420.010, Research Misconduct
D. Amendment, School of Nursing & Health Studies Honor Code, UMKC
E. Approval, Test Optional Admissions Pilot 1-Year Extension, MU, S&T, UMSL

F. Amendment, CRR 600.090, Digital Accessibility Policy

A. Minutes, February 5, 2026 Board of Curators Meeting – as provided to the Curators for review and approval.

B. Degrees, Spring Semester 2026 for all universities

the action of the President of the University of Missouri in awarding degrees and certificates to candidates recommended by the various faculties and committees of the four University of Missouri System campuses who fulfill the requirements for such degrees and certificates at the end of the Spring Semester 2026, shall be approved, and that the lists of said students who have been awarded degrees and certificates be included in the records of the meeting.

C. Amendment, CRR 420.010, Research Misconduct

that the revisions to Collected Rules and Regulations 420.010: Research Misconduct be approved as presented.

420.010 Research Misconduct
Bd. Min. 3-24-06; Amended 11-29-07; Amended 11-20-24; Amended 4-16-26.

A. Policy for Reviewing Alleged Research Misconduct

1. Statement of Principles

a. Integrity in scholarship and research is a fundamental value upon which the University is founded.
b. It is the shared responsibility of all members of our academic community to ensure that misconduct in scholarship and research is dealt with in a timely and effective manner, and that the reputation of the University for high standards of scholarly and research integrity is preserved.
c. The purpose of this policy is to reaffirm the University's commitment to integrity of research and scholarship and establish the principles and procedures that will be followed in the University's review of allegations of research misconduct. The National Science Foundation, the Public Health Service, and other federal agencies have

published regulations regarding the investigation of allegations of research misconduct in the context of activities supported by those agencies. The University will comply with those statutory and regulatory requirements if applicable and this policy shall be interpreted so as to conform with those requirements.

2. Applicability

a. This policy addresses research misconduct as defined in section A.3 of this policy in connection with any research conducted at the University of Missouri, regardless of the presence or absence of external funding or sponsorship of the specific research project. Other forms of misconduct that may relate to activities in scholarship and research are not addressed through this policy but may be addressed through other applicable University rules and policies, including but not limited to the Standards of Faculty Conduct, Section 330.110.
b. The provisions of this policy apply to:

    1) All individuals who hold University appointments who are engaged in the design or conduct of research or the reporting of research results, regardless of the presence or absence of external funding or sponsorship of the specific research project; and
    2) Anyone engaged in the design or conduct of research or the reporting of research results through a Sponsored Program at the University of Missouri, to the extent of that research.
c. Misconduct by undergraduate students shall be addressed through Sections 200.010, Standard of Conduct; and 200.020, Rules of Procedures in Student or Student Organization Conduct Matters.
d. Research misconduct by graduate students generally will be dealt with under this policy, provided that, after consultation with a university's chief academic administrator for graduate studies (such as Dean of the Graduate School or similar official), the Deciding Official as defined in this rule may, determine that an allegation of research misconduct on the part of a graduate student is

more appropriately addressed under Section 200.010 and Section 200.020 or duly authorized student honor systems established pursuant to CRR 200.020.E.9 and refer the allegation to appropriate officials for action in accordance with such rules or student honor systems.

3. Definitions

    a. Definitions of Research Misconduct

    1) Fabrication: making up data or results and recording them in the research record.
    2) Falsification: manipulating research materials, equipment, or processes, and/or changing or omitting data or results such that the research is not accurately represented in the research record.
    3) Plagiarism: the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
    4) Research misconduct does not include honest error, author disputes, or differences of interpretation inherent in the scientific and creative processes that are normally corrected through further research and scholarship.

    b. Definitions of Key Roles and Federal Agencies

    1) Complainant: refers to an individual(s) who makes an allegation of research misconduct.
    2) Respondent: refers to the person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one Respondent in any inquiry or investigation.
    3) Research Integrity Officer (RIO): refers to the University official responsible for assessing allegations of research misconduct and determining whether such allegations warrant inquiries and for overseeing inquiries and investigations. This position is appointed by the Chancellor.
    4) Deciding Official (DO): refers to the University official, who makes final determinations on allegations of research misconduct and any responsive institutional actions. The Chancellor may serve as the DO or may designate the

Provost or other individual to serve as the DO, provided that the DO will not be the same individual as the RIO and should have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment.
5) U.S. Public Health Service (PHS): an operating component of the U.S. Department of Health and Human Services (DHHS).
6) Office of Research Integrity (ORI): an operating component of the United States Department of Health and Human Services (DHSS) that is responsible for research misconduct proceedings and research integrity activities of the U.S. Public Health Service (PHS).

c. Definitions of Other Key Terms

1) Allegation refers to any written or oral statement or other indication of possible research misconduct made to an institutional official, including but not limited to department chairs, deans, Research Integrity Officers (RIOs), the Vice Chancellor for Research (VCR) or equivalent, the Associate Vice Chancellor for Research (ACVR) or equivalent, and the Provost.
2) Conflict of interest and commitment refers to a divergence between an individual’s interests and the individual’s professional obligations, such that an independent observer might reasonably question whether the individual’s professional actions or decisions are determined by considerations other than the best interests of the University.
3) Good faith as applied to a Complainant, Respondent, or witness, means having a belief in the truth of one's allegation or statement that a reasonable person in the individual’s position could have based on the information known to the individual at the time. An allegation or statement in a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or statement. Good faith as applied to a committee member means cooperating with the research misconduct proceeding by carrying out the duties assigned impartially. A committee member does not act in good faith if the

member's acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.
4) Inquiry refers to the initial process for determining whether an allegation or apparent instance of research misconduct has substance and warrants an investigation.
5) Investigation refers to the formal development of a factual record and the examination of that record to determine, based on a preponderance of evidence, whether research misconduct has occurred and, if so, to determine the responsible person and the nature and seriousness of the research misconduct.
6) Research refers to any systematic investigation, including research development, testing, and reporting, designed to develop or contribute to generalizable knowledge or specific knowledge. The term encompasses basic research, applied research, and research training activities in areas such as biomedical and life sciences, natural sciences, engineering, humanities and arts, and social and behavioral sciences.

a) Research record means any physical or electronic record of data or results that embody the facts resulting from scientific inquiry. It includes, but is not limited to data, document, computer file, computer storage device, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct. Examples of research records include, but are not limited to, research proposals, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; abstracts; theses; oral presentations; internal reports; journal articles; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal

facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.

7) Retaliation means any adverse action taken against an individual because the individual a) has made a good faith allegation of research misconduct or of inadequate institutional response thereto; or b) cooperated in good faith with any action or proceeding under this rule. This includes adverse action taken by any individual, the University, or any unit of the University.

8) Student refers to a person having once been admitted to the University who has not completed a course of study and who intends to or does continue a course of study in or through one of the Universities of the University System. For the purpose of these rules, student status continues whether or not the University's academic programs are in session.

4. General Principles
    a. Prohibition: Research misconduct is prohibited and subject to sanctions pursuant to this rule.
    b. Requirements for findings of research misconduct: A finding of research misconduct requires a determination that there has been a significant departure from accepted practices of the relevant academic community; that the research misconduct was committed intentionally, knowingly, or recklessly; and that the allegation has been proved by a preponderance of evidence.
    c. Handling of questionable research practices: Concerns in the context of research and scholarship that do not constitute research misconduct as defined in this rule, such as carelessness or questionable research practices, as well as authorship disputes, will generally be handled through the appropriate administrative channels or other applicable processes, including but not limited to Standards of Faculty Conduct CRR 330.110.
    d. Retaliation is prohibited and is subject to disciplinary action in accordance with applicable University policies. The University will take reasonable and practical steps to counter potential or actual retaliation against individuals participating in proceedings under this rule.

e. Good faith participation: Complainants, respondents, and other participants in the research misconduct review process are expected to act in good faith throughout. Failure to act in good faith may lead to disciplinary action in accordance with applicable University rules and policies.
f. Conflicts of Interest Prohibited: No individual responsible for carrying out proceedings under this rule shall have any unresolved personal, professional, or financial conflict of interest with the Complainant, Respondent, or witnesses. An individual having such a conflict of interest must promptly recuse from participation in any proceedings.
g. Responsibility to Report Research Misconduct: All employees or individuals associated with the University of Missouri must report observed, suspected, or apparent research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, the individual may contact the RIO to discuss the suspected misconduct informally. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO may refer the individual or allegation to other offices or officials. At any time, an employee may have discussions and consultations about concerns of possible research misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.
h. Protecting the Complainant and Cooperating Individuals: The RIO will monitor the treatment of individuals who bring allegations of research misconduct or of inadequate institutional response thereto, and those who cooperate in inquiries or investigations. The RIO will attempt to ensure that these persons will not be retaliated against and will review instances of alleged or apparent retaliation for appropriate action. Employees or those affiliated with the University or a PHS grant should immediately report any alleged or apparent retaliation to the RIO. Also, the University will maintain confidentiality as required by the terms of this rule. If the Complainant requests anonymity, the University will make a reasonable

effort to honor the request during the allegation assessment or inquiry within applicable policies, regulations, and laws, if any, but the Complainant will be advised that if the matter is referred to an investigation committee, anonymity will no longer be guaranteed. The University will take all reasonable and practical steps to protect the positions and reputations of good faith Complainants, witnesses and committee members.

i. Protecting the Respondent: Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the Respondent and confidentiality as required by the terms of this rule. The Respondent may have an advisor (who is not a witness and does not otherwise have a role in the case and who may be, but is not required to be, an attorney). The Respondent's advisor may accompany the Respondent to all interviews, meetings, and proceedings involved in the case. The advisor may actively participate and assist the Respondent. The advisor may make presentations and speak on behalf of the Respondent, request clarification of a procedural matter or object on the basis of procedure, ask any witnesses all relevant questions and follow-up questions, including cross-examination.

j. Cooperation with Inquiries and Investigations: University employees and those working on PHS grants will cooperate with the RIO and other institutional officials involved in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to provide relevant evidence to the RIO and other University officials involved in review of research misconduct allegations.

k. Responsibility of Institution to Respond to Credible Reports of Allegations of Research Misconduct: Because the University of Missouri values the credibility of its research activities and the integrity of its community, allegations of research misconduct are evaluated to determine whether there is specific and credible information on which to act. Just as the University protects Complainants against retaliation, the University is equally concerned about malicious or frivolous

allegations made against its research community. The university performs a careful assessment of all allegations brought to the attention of institutional officials. The RIO, AVCR, VCR, and the DO shall consider and act upon any specific and credible information that comes to their attention indicating that research misconduct may have occurred. The RIO and other institutional officials assigned responsibility for handling allegations of research misconduct ensure that:

1) The allegation assessment, inquiry, and investigation are completed in a timely, fair, objective, thorough, and competent manner; and
2) Reasonable precautions are taken to avoid bias and conflict of interest on the part of those involved in conducting the inquiry and investigation.

l. At any time during the assessment period or research misconduct proceedings, the University of Missouri will notify the appropriate funding and oversight agencies if:

1) Public health or safety is at risk;
2) Agency resources or interests are threatened;
3) Research activities should be suspended;
4) There is reasonable indication of possible violations of civil or criminal law;
5) Federal action is required to protect the interests of those involved in the investigation;
6) The University believes the research misconduct proceeding may be made public prematurely, so the agency may take appropriate steps to safeguard evidence and protect the rights of those involved or
7)The research community or public should be informed.

m. Confidentiality:

1) Disclosure of the identity of Respondents and Complainants in research misconduct proceedings is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. The applicable laws and

regulations may require the institution to disclose the identity of Respondents and Complainants to federal oversight agencies pursuant to the agency's review of institutional research misconduct proceedings.
2) Except as may otherwise be prescribed by applicable law, confidentiality must be maintained for any records or evidence from which research subjects might be identified. Disclosure is limited to those who have a need to know to carry out a research misconduct proceeding.

n. Restoration of Reputations: The University of Missouri takes all reasonable and practical efforts, if requested and as appropriate, to restore the reputations of individuals alleged to have engaged in research misconduct but against whom no finding of research misconduct is made.
o. Referrals: If the University's review of the allegations identifies misconduct other than research misconduct, the RIO refers these matters to the proper institutional or federal office for action.

5. Sanctions
The University may take disciplinary action, up to and including termination of employment, upon a finding of research misconduct. Applicable sanctions may include, but are not limited to:

a. Warning. A notice in writing to the Respondent and included in the Respondent's personnel file indicating that there is a finding of research misconduct.
b. Loss of Privileges. Denial of specified privileges of Respondent for a designated period of time. This may include but is not limited to suspending travel privileges and/or payment of travel or conference expenses, restricting use of laboratories or offices, limiting contact with students, or suspending access to teaching or research assistance or grant accounts, service on University committees or representation of the University on official business. The loss of privileges sanction may not be applied in a manner to create a constructive suspension.
c. Education or Training. Respondent may be required to complete education or training.

d. Restitution. Compensation by Respondent for loss, damage or injury to the University or University property. This may take the form of appropriate service and/or monetary or material replacement.
e. Suspension. Separation of the Respondent from the University for a definite period of time, after which the Respondent is eligible to return. Conditions for return should be specified. Suspension may be with or without salary (full or partial) for a period not to exceed one-half of the individual's normal appointment period. During the suspension period, health and retirement benefits shall be maintained.
f. Termination. Termination of an appointment with tenure will be pursuant to Section 310.060.

B. Procedure for Reviewing Alleged Research Misconduct

1. Statement of Purpose: It is the policy of the University of Missouri to inquire into and, if necessary, investigate and resolve promptly and fairly all instances of alleged research misconduct. As a recipient of federal research funds, the University of Missouri must have institutional policies and procedures in place to handle allegations of research misconduct.
2. Procedures for Conduct of Research Misconduct Proceedings
    a. In conducting a research misconduct proceeding:

        1) the procedures shall be those best suited to achieve a fair and equitable review of the Allegation;
        2) the procedures shall reflect a spirit of mutual respect and collegiality, and may, therefore, be as informal as agreed by the Respondent under the circumstances;
        3) the Respondent shall have the right to have an advisor as stated in this rule;
        4) in all preliminary assessments, inquiries, and investigations, the Respondent shall have the right to present evidence and to identify persons who might have evidence about the allegation;
        5) formal rules of evidence shall not apply;
        6) to the extent that a published regulation of a federal funding source requires a specific procedural element in the review and adjudication of an

Allegation concerning a proposal to or an award from that federal funding source, that procedural element shall be included in the procedures adopted.

b. General Counsel Advice: The Office of the General Counsel shall, when so requested, provide legal advice regarding the implementation of these procedures and other aspects of the University's review of an allegation under these procedures to the RIO, the Inquiry Committee, the Investigative Committee, the VCR, the DO, the Chancellor, and the Appellate Officer.
c. Admission of Misconduct: When the case involves PHS funds, the University cannot accept an admission of research misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI. For non-PHS funding, the DO shall have authority to terminate the University's review of any allegation upon the admission by the Respondent that research misconduct occurred and that the Respondent was responsible for it, if the termination of the review of that allegation would not prejudice the University's review of another allegation against that Respondent or a different Respondent or the University's ability to assess the extent and consequences of the research misconduct and what action should be taken in response to it.
d. Additional Respondents. If, during the course of any research misconduct proceeding, additional Respondents are identified, they shall be notified immediately, and the RIO shall, to the degree feasible, attempt to coordinate the research misconduct proceedings against all the Respondents with respect to the same or related research misconduct.

3. Allegations of Misconduct and Preliminary Assessments

a. Allegation of Research Misconduct

1) Any member of the University community or other person who wishes to make an allegation shall contact the RIO or other institutional official who will promptly notify the RIO.
2) The RIO shall notify the Respondent promptly of an

allegation.
3) The RIO shall advise the VCR of all allegations.

b. Preliminary Assessment of Allegations

1) Promptly after receiving an allegation, the RIO shall assess the allegation to determine if:

a) it meets the definition of research misconduct;
b) it involves either the PHS funded research, applications for PHS research funding, or research records specified in U.S. Code of Federal Regulations or other non-PHS funding; and,
c) the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

c. Inquiry Not Warranted

1) Preliminary Assessment Report: If the RIO determines that an inquiry is not warranted because the allegation is not sufficiently credible and specific so that potential evidence of research misconduct may be identified, the RIO shall prepare a written preliminary assessment report that states the basis and rationale for the RIO's determination. The RIO shall provide a copy of the preliminary assessment report to the VCR.
2) End of Review: If the VCR concurs with the RIO's determination that an inquiry is not warranted, the University's review of that allegation shall be concluded. The Complainant and Respondent shall be notified in writing that the matter has been closed after preliminary assessment.

4. Conducting the Inquiry

a. Initiation and Purpose of the Inquiry: Following the preliminary assessment, if the RIO determines that the allegation provides sufficient information to allow specific follow-up and falls under the definition of research misconduct, the RIO will initiate the inquiry process whether it involves PHS funding or not. In initiating the inquiry, the RIO should clearly identify the original allegation and any related issues that should be

evaluated. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the Respondent, Complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct definitely occurred and therefore does not require a full review of all the evidence related to the allegation.

b. Timeframe: The inquiry committee is generally convened within 30 days of the determination to convene an inquiry. The inquiry, including the final report of the inquiry committee and decision of whether an investigation is warranted, should generally be completed within 60 days of the convening of the inquiry.
c. Notice to Respondent:

1) Within 15 days of the determination to convene an inquiry, the RIO will notify the Respondent in writing of the allegation(s). Respondent notification includes:

a) The specific allegation(s);
b) The rights and responsibilities of the Respondent;
c) The role of the inquiry committee;
d) A description of the inquiry process; and
e) A copy of this rule.
2) The RIO also will notify the dean and department chair, or equivalent in the Respondent's department, in writing of the determination to convene an inquiry.

d. Sequestration of the Research Records:

1) After determining that an allegation falls within the definition of research misconduct, the RIO must ensure that all original research records and materials relevant to the allegation are secured. The RIO may consult with ORI for advice and assistance in this regard. 2) The RIO shall take the following specific steps to obtain, secure, and

maintain the research records and evidence pertinent to the research misconduct proceeding:

a) Either before or when the RIO notifies the Respondent of the allegation, the RIO shall promptly take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventory those materials, and sequester them in a secure manner. Provided that in those cases where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. b) Where appropriate, give the Respondent copies of, or as reasonable, supervised access to the research records.

e. Appointment of the Inquiry Committee:

1) The RIO, in consultation with other University officials (Deans, Chairs, VCR) as appropriate, will appoint an inquiry committee and committee chair. The inquiry committee should consist of at least 3 individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. These individuals may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside the University. The majority of the committee will consist of tenured faculty.

2) The RIO will notify the Respondent of the proposed committee membership in writing. If the Respondent submits a written objection to any appointed member of the inquiry committee or expert based on bias or conflict of interest within 5 days, the RIO will determine whether to replace the challenged member or expert with a qualified substitute.

f. Charge to the Committee and the First Meeting:

1) Charge to the Committee: The RIO will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the Respondent, Complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation.
2) The First Meeting: At the committee's first meeting, the RIO will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO and the Office of the General Counsel will be available throughout the inquiry to advise the committee as needed.

g. Inquiry Process: The inquiry committee will normally interview the Complainant, the Respondent and key witnesses as well as review relevant research records and materials. Then the inquiry committee will evaluate the evidence and testimony obtained during the inquiry. After consultation with the RIO and the Office of the General Counsel as needed, the committee members will decide whether there is sufficient evidence of possible research misconduct to recommend further investigation. The inquiry committee then prepares a report and submits it to the RIO.

5. The Inquiry Report

a. Elements of the Inquiry Report: The written inquiry report shall contain the following information:

1) The name and position of the Respondent(s);
2) A description of the allegations of research misconduct;
3) Research sponsorship, including, for example, grant numbers, grant applications, contracts, and publications listing PHS funding or other non-PHS funding;

4) The basis for recommending that the alleged conduct does or does not warrant an investigation; and
5) Any comments on the report by the Respondent or the Complainant. The report also should include recommendations on whether any other actions should be taken if an investigation is not recommended. The Office of the General Counsel will review the report for legal sufficiency.

b. Comments on the Report by the Respondent and Complainant: The RIO will provide the Respondent with a copy of the inquiry report for comment and rebuttal. At the RIO's discretion, the RIO also may provide the Complainant with a copy of the inquiry report for comment and rebuttal.

1) Confidentiality: The RIO may establish reasonable conditions for review to protect the confidentiality of the report.
2) Receipt of Comments: Within 10 days of receipt of the report or summary, the Respondent and Complainant will provide their respective comments, if any, to the inquiry committee. For good cause, the Respondent or Complainant may request an extension of time from the RIO, which shall be granted whenever reasonable.
3) Any comments that the Complainant or Respondent submits on the report will be shared with the inquiry committee and will become part of the final inquiry report and record. Based on the comments, the inquiry committee may revise the report as appropriate.

c. Inquiry Decision and Notification:

1) Decision by VCR: The RIO will transmit the final report of the inquiry committee and any comments to the VCR, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible research misconduct to warrant conducting an investigation. The inquiry is completed when the VCR makes this determination.
2) Notification: The RIO will notify the Respondent and may notify the Complainant in writing of the

VCR's decision of whether to proceed to an investigation. If an investigation is opened, the notice will include a reminder of the obligation to cooperate. The RIO also will notify all appropriate University officials and ORI (as applicable) of the VCR's decision.

d. Time for Completing the Inquiry Report:

1) The inquiry committee will normally complete the inquiry and submit its report in writing to the RIO no more than 90 days following its first meeting, unless the RIO approves an extension because circumstances warrant a longer period. If the RIO approves an extension, the reason for the extension will be entered into the record of the proceeding. The Respondent also will be notified of the extension.

2) For allegations that involve PHS funding, within 30 days of the VCR's decision that an investigation is warranted the RIO shall provide ORI with the written finding and a copy of the inquiry report containing the information required by the U.S. Code of Federal Regulations. Upon a request from ORI, the RIO shall promptly send to ORI:

a) a copy of institutional policies and procedures under which the inquiry was conducted;
b) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and
c) the charges for the investigation to consider.

3) Inquiry reports of allegations that do not involve PHS funding in accordance with the definition of research misconduct will not be forwarded to ORI, but will otherwise be in accordance with this rule.

e. Documentation of Decision Not to Investigate: If the VCR decides that an investigation is not warranted, the RIO

shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other authorized HHS personnel upon request.

6. Initiation and Purpose of the Investigation

    a. Purpose of the Investigation: The investigation must begin within 30 days after the determination by the VCR that an investigation is warranted. The purpose of the investigation is to explore in detail the allegations; to examine the evidence in depth; to determine specifically whether research misconduct has been committed, by whom, and to what extent; and, if research misconduct has been committed, to recommend appropriate sanctions. The investigation also will determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects, animals, or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.
    b. Sequestration of the Research Records: The RIO will promptly sequester any additional pertinent research records and evidence that were not previously sequestered during the inquiry. This sequestration should occur before or at the time the Respondent is notified that an investigation has begun and whenever additional items become known or relevant to the investigation. The need for additional sequestration of records may occur for any number of reasons, including the University's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. Sequestration during the investigation

will proceed in the same manner as during the inquiry outlined in Section 4.d of this rule.

c. Appointment of the Investigation Committee: The committee will consist of at least three tenured professors appointed by the Faculty Council/Senate and optionally two members appointed by the RIO. This appointment will occur as soon as practicable after the Respondent has been notified that an investigation is planned. The investigation committee should consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegations, interview the principals and key witnesses, and conduct the investigation. Individuals appointed by the RIO, as well as additional consultants to the committee, may be scientists, administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside the University. Individuals appointed to the investigation committee may also have served on the inquiry committee. The RIO will notify the Respondent of the proposed committee membership. If the Respondent submits a written objection to any appointed member of the investigation committee, the RIO will determine whether to replace the challenged member with a qualified substitute.

d. Charge to the Committee and the First Meeting:

    1) Charge to the Committee: The RIO will define the subject matter of the investigation in a written charge to the committee that describes the allegations and related issues identified during the inquiry, defines research misconduct, and identifies the name of the Respondent. The charge will state that the committee is to evaluate the evidence and testimony of the Respondent, Complainant, and key witnesses to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, to what extent, who was responsible, and its seriousness. During the investigation, if additional information becomes available that substantially changes the subject

matter of the investigation or would suggest additional Respondents, the committee will notify the RIO, who will determine whether it is necessary to notify the Respondent of the new subject matter or to provide notice to additional Respondents.
2) The First Meeting: The RIO, with the Office of the General Counsel, will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of this rule and, where PHS funding is involved, the PHS regulation.

e. Investigation Process: In conducting all investigations, the University shall:

1) Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations;
2) Interview each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of investigation;
3) Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion; and
4) Otherwise comply with the requirements for conducting a research misconduct investigation in the U.S. Code of Federal Regulations.
5) The Respondent will be notified sufficiently in

advance of the scheduling his or her interview so that the Respondent may prepare for the interview and arrange for the attendance of an advisor, if the Respondent wishes.

7. The Investigation Report

a. Elements of the Investigation Report: The RIO, in conjunction with the investigation committee, shall prepare the draft and final institutional investigation reports in writing and provide the draft report for comment as provided elsewhere in this rule and the U.S. Code of Federal Regulations. The final investigation report shall:

1) Describe the nature of the allegations of research misconduct; 2) Describe and document the PHS funding (if applicable), including, for example any grant numbers, grant applications, contracts, and publications listing PHS funding; 3) Describe the specific allegations of research misconduct considered in the investigation and the charge to the Investigation Committee; 4) If reporting to ORI is required and not already provided to ORI, include the institutional policies and procedures under which the investigation was conducted; 5) Identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody, but not reviewed. The report should also describe any relevant records and evidence not taken into custody and explain why. 6) Provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the investigation. For each instance where research misconduct was found, the Investigation Committee's report shall do the following:

a) identify it as falsification, fabrication, or plagiarism;
b) identify the basis for determining that it was a significant departure from accepted

practices, that it was committed intentionally, knowingly, or recklessly, and that it was proved b a preponderance of the evidence;
c) summarize the facts and the analysis supporting the conclusion and consider the merits of any reasonable explanation by the Respondent and any evidence that rebuts the Respondent's explanations;
d) identify the specific PHS funding or other support (if applicable);
e) identify any publications that need correction or retraction;
f) identify the person(s) responsible for the research misconduct; and
g) list any current support or known applications or proposals for support that the Respondent(s) has pending with non-PHS Federal agencies or other funding entities; and
h) Include and consider any comments made by the Respondent and Complainant on the draft investigation report.

7) Recommend one or more sanctions to be imposed on each Respondent found responsible for research misconduct.

b. Comments on the Draft Report

1) Respondent: The RIO will provide the Respondent with a copy of the draft investigation report, and concurrently, a copy of, or supervised access to, the evidence on which the report is based and notify the Respondent that any comments must be submitted within 14 days of the date on which the Respondent received the draft report. For good cause, the Respondent may request an extension of time from the RIO, which shall be granted whenever reasonable. The Respondent's comments will be attached to the final report and are considered in the final investigation report.
2) Complainant: At the RIO’s discretion, the RIO may

provide the Complainant a copy of the draft investigation report or relevant portions of that report and notify the Complainant that any comments must be submitted within 14 days of the date on which the Complainant received the draft report or relevant portions of it. For good cause, the Complainant may request an extension of time from the RIO, which shall be granted whenever reasonable. The Complainant's comments will be attached to the final report and are considered in the final investigation report.

3) Review by Office of the General Counsel: The draft investigation report will be transmitted to the Office of the General Counsel for a review of its legal sufficiency. Comments should be incorporated into the report as appropriate.

4) Confidentiality: In distributing the draft report, or portions thereof, to the Respondent and Complainant, the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may request the recipient to sign a confidentiality statement or to come to RIO's office to review the report.

5) Transmittal of the Final Investigation Report: After comments have been received and the necessary changes have been made to the draft report, the investigation committee will transmit the final report with attachments, including the Respondent's comments, to the DO, through the VCR.

c. University Review and Decision

1) Based on a preponderance of the evidence, the DO will make the final determination whether to accept the investigation report, its findings, and the recommended University actions, including sanctions to be imposed on each Respondent determined to be responsible for research misconduct. A preponderance of the evidence means proof by information that, compared with that opposing it,

leads to the conclusion that the fact at issue is more probably true than not. If this determination varies from that of the investigation committee, the DO will explain in detail the basis for rendering a decision different from that of the investigation committee, and will include such explanation in the institution's letter transmitting the report to ORI (if applicable). The DO's explanation should be consistent with the PHS definition of research misconduct, this rule, and the evidence reviewed and analyzed by the investigation committee. The DO may also return the report to the investigation committee with a request for further fact-finding or analysis. The DO's determination, together with the investigation committee's report, constitutes the final investigation report for purposes of ORI review.

2) When a final decision on the case has been reached, the RIO will notify the Respondent in writing of the decision. In addition, the DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

d. Time Limit for Completing the Investigation Report: An investigation should ordinarily be completed within 180 days of its initiation, with the initiation ordinarily beginning with the first meeting of the investigation committee. This includes conducting the investigation, preparing the report of findings, making the draft report available to the subject of the investigation for comment, submitting the report to the DO for approval, and submitting the report to the ORI (if applicable). If the University will not be able to complete the investigation in 180 days and the matter involve PHS funding, it will submit to ORI a written request for an extension and an explanation for the need for an extension.

8. Appeals

a. The Respondent may appeal the decision by the DO to the appropriate Appellate Officer. If the Provost or other official served as the DO, the Appellate Officer will be the Chancellor or designee; if the Chancellor served as the DO, the Appellate Officer will be the President or designee. An appeal must state the reasons for appeal in detail and must be submitted to the Appellate Officer within seven days after receipt of notification of the decision. The appeal shall be limited to the following grounds:

    1) A procedural error occurred that significantly impacted the outcome of the finding or sanctions, e.g., substantiated bias or material deviation from established procedures.
    2) To consider new evidence, unavailable during the investigation, that could substantially impact the original findings or sanction.
    3) The sanction falls outside the range typically imposed for this offense, or for the cumulative disciplinary record of Respondent.

b. Within seven days of receipt of the appeal from Respondent, the Appellate Officer shall provide a copy of the appeal to the DO.
c. Within seven days of receiving a copy of the appeal, the DO may file a response to the appeal.
d. Within 14 days of receiving the DO's response to the appeal, the Appellate Officer shall provide a determination in writing to the DO and Respondent. The Appellate Officer can affirm, modify or reverse the decision of the DO.
e. The determination of the Appellate Officer is final and not subject to further review, including under the Academic Grievance Procedure in Section 370.010 of the Collected Rules and Regulations.
f. Status during appeal – The Respondent may petition the Appellate Officer in writing for permission to stay the imposed sanction pending final determination of the appeal. The Appellate Officer may permit the stay of

sanctions under such conditions as may be designated pending completion of the appeal, provided such continuance will not seriously disrupt the University or constitute a danger to the health, safety or welfare of members of the University community. If a stay is granted, any final sanctions imposed shall be effective from the date of the final decision.

g. An appeal must be completed within 120 days of its filing. If additional time is needed, the Appellate Officer may extend this deadline for good cause. If the matter involves PHS support, the deadline may be extended only if an extension is requested from and granted by ORI.

9. Requirements for Reporting to ORI:

a. In cases involving Respondents who receive funding from the PHS, the University shall promptly provide the following information to ORI after the investigation has concluded:

1) A copy of the investigation report and all attachments;
2) A statement of whether the institution found research misconduct and, if so, who committed it;
3) A statement of whether the institution accepts the findings in the investigation report; and
4) A description of any pending or completed administrative actions against the Respondent.

b. The University shall maintain and provide to ORI upon request all relevant research records and records of its research misconduct proceeding, including results of all interviews and the transcripts or recordings of such interviews.

c. If the University plans to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, the RIO will submit a report of the planned termination to ORI, including a description of the reasons for the proposed termination.

d. If the University determines that it will not be able to complete the investigation in 120 days, the RIO will submit to ORI a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the RIO will file periodic progress reports as requested by the ORI.
e. When the case involves PHS funds, the University cannot accept an admission of research misconduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI.
f. At any time during a research misconduct proceeding, the University shall notify ORI immediately if it has reason to believe that any of the following conditions exist:

1) Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
2) HHS resources or interests are threatened.
3) Research activities should be suspended.
4) There is a reasonable indication of violations of civil or criminal law.
5) Federal action is required to protect the interests of those involved in the research misconduct proceeding.
6) The University believes the research misconduct proceeding may be made public prematurely, so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved.
7) The University believes the research community or public should be informed.

10. Other Considerations

a. Termination of University Employment or Resignation Prior to Completing Inquiry or Investigation

1) The termination of the Respondent's employment with the University, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, ordinarily will not

preclude or terminate the misconduct proceedings. If the Respondent, without admitting to the misconduct, elects to resign the Respondent's position prior to the initiation of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation ordinarily will proceed. If the Respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the Respondent's failure to cooperate and its effect on the committee's review of all the evidence.

11. Notice: All communication, including notices, decisions, and appeals may be sent via University e-mail. Notice sent to a University email account shall be deemed to have been received on the day following the day it was sent.

D. Amendments to the Honor Codes for the School of Nursing and Health Studies (SoNHS) at the University of Missouri-Kansas City

that the amendments to the Honor Codes for the School of Nursing and Health Studies (SoNHS) at the University of Missouri-Kansas City as presented, be approved.

STANDARDS OF PROFESSIONAL AND ETHICAL BEHAVIOR AND PROCEDURES FOR ALLEGED VIOLATIONS OF THE STANDARDS (HONOR CODE)

STANDARDS OF PROFESSIONAL AND ETHICAL BEHAVIOR

I. PREAMBLE

A. One of the goals of the University of Missouri-Kansas City School of Nursing and Health Studies ("SoNHS") is to educate students during their transitions to professional lives. The SoNHS has an obligation to society[1] to evaluate Students pursuing the B.H.S., B.S.N., M.S.N., D.N.P., and Ph.D. degrees, as thoroughly as possible. This responsibility includes the Student's cognitive abilities, academic and professional knowledge and skills, integrity, and suitability to practice the Student's desired professional roles.

B. Accordingly, the Standards of Professional and Ethical Behavior in this Honor Code have been developed to guide students who are enrolled at all levels within the SoNHS, including undergraduate and graduate students. The Standards are designed to promote accountability for professional and ethical behaviors.

C. Students are expected to adhere to these Standards of Professional and Ethical Behavior, academic and conduct standards set forth in course syllabi, University of Missouri System CRR 200.010, and the SoNHS Policy and Procedure Manual (collectively, "Standards").

D. Any alleged violations of the Standards will be handled as set forth in the Procedures for Alleged Violations of the Standards ("Procedures").

E. This Honor Code will be distributed to all newly enrolled students during orientation activities and is available at https://sonhs.umkc.edu//student-services/forms-and-resources.html (Policy and Procedure Manual).

II. INTEGRITY

A. Personal and Professional Integrity

1. Honesty

a. A SoNHS student shall deal honestly with people including, but not limited to, colleagues, instructors, representatives of the University, consumers, healthcare providers, physicians, nursing staff, any representative of our clinical agencies, other members of the health care team. Students are expected to demonstrate honesty and integrity in all aspects of their interactions with patients, clients, and staff – particularly by being accurate and complete in their actions and documentation.

b. The SoNHS Student shall be willing to admit errors and must not mislead others or promote himself or herself at the patient's expense.

c. A basic principle underlying all research is honesty. Scientists and students who participate in research have a

responsibility to provide research results of the highest quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be sufficiently acquainted with the work of their co-workers so that they can personally vouch for the integrity of the study and validity of the findings and must have been active in the research itself.

d. Examples of academic dishonesty include, but are not limited to, the following:

(1) Cheating

i. Use of any unauthorized assistance in taking quizzes, tests, or examinations;

ii. Dependence upon the aid of unauthorized sources in writing papers, preparing reports, solving problems, or carrying out assignments;

iii. Acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff;

iv. Self-plagiarism by use of assignments or papers prepared in one class for another class without disclosing such information to the faculty;

v. In any way giving assistance to others who are participating in any of the three preceding types of behavior; or

vi. Falsifying attendance records or other official documents.

(2) Plagiarism

i. Use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical

reference;

ii. Unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials;

iii. Unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators;

iv. Unauthorized use of artificially generated content; or

v. Self-plagiarism

(3) Sabotage

i. Unauthorized interference with, modification of, or destruction of the work or intellectual property of another member of the University.

(4) Falsification of Health Records or Information

i. Any form of documentation by a student that is not entered at the correct time of the data entry, that does not accurately reflect what the student has seen or done, or reporting learning hours that are not verified by the identified agency;

ii. Fabricating and reporting consumer health information such as physical examination findings, lab values, test results, medications, or any other relevant consumer information to authorized students, staff, supervisors, and/or appropriate individuals in the applicable agency; or

iii. Other dishonesty related to clinical practice, service learning, or internships.

2. Responsibility

a. A SoNHS student must acquire competencies with the appropriate concepts, knowledge, and skills that the faculty determines are essential. These competencies shall be utilized to care for the sick and to promote the health and welfare of

society[2].

b. A SoNHS student shall recognize a responsibility to participate in activities contributing to an improved community.

c. Students in the care of consumers must not be harmful, dangerous, or negligent to the mental or physical health of a consumer or the general public. Negligence means the failure to exercise that degree of skill and learning ordinarily used under the same or similar circumstances by other similar students.

d. Students must be familiar with and follow the rules and regulations of the SoNHS, the University, and professional organizations which they are required to follow as SoNHS students.

B. Professional SoNHS Behavior

1. Non-discrimination

a. As a community of learners committed to upholding University policies against discrimination and harassment based on protected identity, students shall refrain from all forms of discrimination based on race, color, national origin, ancestry, religion, sex, pregnancy, age, disability, protected veteran status, and any other status protected by applicable State or Federal law.

b. This applies to every aspect of the learning environment, including clinical experiences, service learning, capstone courses, and internships.

2. Confidentiality

a. A SoNHS student shall respect the rights of patients, colleagues, affiliated institutions, and other health professionals, and shall safeguard patient confidences within the constraints of HIPAA and applicable State laws.

b. The consumer's right to confidentiality in regard to his or her medical record, which includes confidentiality of personal and social history, is a fundamental tenet to

health care.

c. The discussion in public of the problems of an identified consumer, without the consumer's permission, by professional staff (including other students) violates consumer confidentiality laws and ethical standards. This includes any discussion held in public places, such as hallways, break rooms, elevators and cafeterias as well as in any media forum (such as T.V. or print media) or any virtual forum, such as social networking sites.

d. Under no circumstances can any medical/healthcare record be removed from any institution. Copying, scanning or imaging the entire record is never permitted for presentations, rounds, or conferences; if permitted by the healthcare institution or practitioner, students are permitted to extract information, but not copy, image or print entire parts of the chart. Names of consumers shall be omitted or obscured from any documents used for presentations.

3. Disclosure

a. While the SoNHS student is a member of the care team and under direct or indirect faculty supervision, a SoNHS student shall continue to study, apply, and advance scientific knowledge, make relevant information available to consumers, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

b. Sharing of medical information appropriately with a consumer and colleagues involved in the care of the patient is a fundamental ethical requirement. The consumer must be well informed to make healthcare decisions and work intelligently in partnership with the care team. Information that the consumer needs for decision-making shall be presented in terms and methods, such as with an authorized translator, teach back, or assessing reading level, that the consumer can understand. If, for some reason, the consumer is unable to comprehend information, there shall be disclosure of the information to the consumer's authorized representative.

c. Failure of a SoNHS student to share medical

information relevant to a consumer with a consumer and colleagues involved in the care of the consumer is unethical. Providing inaccurate information with these individuals is also unacceptable.

4. Misconduct with Consumers
   a. The SoNHS student will not engage in nonprofessional behaviors with a consumer – even upon the apparent request of a consumer– while the SoNHS student is involved with the consumer's care.
5. Representation
   a. A SoNHS student shall accurately represent himself or herself to others including, but not limited to, colleagues, instructors, representatives of the University and their affiliates, partner institutions, consumers, supervisors, agency staff, nurses, and other members of the healthcare team.
   b. Examples of misrepresentation include, but are not limited to the following:
      (1) Misrepresentation of the student's position, knowledge, or authority, including use of the title "nurse" by an undergraduate student nurse, or by use of the titles advanced practice registered nurse (APRN), nurse practitioner (NP), clinical nurse specialist (CNS), nurse midwife (NM), or nurse anesthetist (CRNA) by a graduate student.
      (2) Use of fraud, deception, lies, or bribery in securing any certificate or registration or authority, diploma, permit, or license issued, or in obtaining permission to take any examinations.
      (3) Impersonation of any person holding a certificate of registration or authority, permit, or license, or allowing any person to use a student's certificate of registration or authority, permit, license, or diploma from any school.
      (4) Forgery, alteration, or misuse of a consumer's records, or knowingly furnishing false information to the other members of the healthcare profession

and/or professional organizations.

6. Assessment of Personal Competence (Self-Evaluation)
   a. Students shall seek consultation and supervision whenever their ability to play their role in the care of a consumer is inadequate because of lack of knowledge or experience.
   b. Students are expected to use constructive feedback to guide appropriate changes in their behavior.
7. Professional Demeanor
   a. SoNHS students are representatives of UMKC and must realize that their behaviors may positively and negatively affect the judgments of others about UMKC SoNHS.
   b. SoNHS students are expected to be thoughtful and professional when interacting with faculty, consumers and their families, peers, and all members of the healthcare team. This professional behavior is to be maintained in any and all situations, including off-campus and in "virtual" sites such as on-line social networking sites, where the student has been identified as a UMKC SoNHS student.
   c. Students shall maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the consumer populations served, and aligns with the SoNHS Dress Policy.
   d. Professional demeanor is required of students in cyberspace in the same manner it is required in all other settings. Students must keep in mind that behavior that is illegal or a violation of University policy on campus will be illegal or violate University policy if it appears online. If a student has been identified as a UMKC-SoNHS student in an online forum, the SoNHS will hold the student to the Standards. While it is not the policy of SoNHS faculty to routinely monitor any student's web sites, if inappropriate postings are brought to their attention, the faculty will investigate the report.
   e. Inappropriate behaviors include, but are not limited to: the use of offensive language, gestures, or remarks;

attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient: or discourage the use of a second opinion or consultation.

8. Impairment
   a. The SoNHS student will not use alcohol or drugs in ways that impair the student's ability to perform the work of the profession or results in compromised consumer care.
   b. It is the responsibility of every SoNHS student to strive to protect the public from an impaired colleague and to assist that colleague whose capability is impaired because of alcohol or drug use or other health related conditions.
9. Conflict of Interest
   a. If a conflict of interest arises, the moral principle is clear – the welfare of the consumer must be, at all times, paramount.
   b. For example, gifts, hospitality, or subsidies offered by manufacturers and distributors of medical and or other equipment/goods shall not be accepted if acceptance could influence the objectivity of clinical judgment.
10. Criticism of Colleagues
   a. Professional relations among all members of the healthcare community shall be marked by civility.
   b. Scholarly contributions shall be acknowledged, and each person shall recognize and facilitate the contributions of others to this community; slanderous comments and acts are not acceptable.
   c. Students shall deal with professionals, staff, and peer members of the healthcare team in a considerate manner and with a spirit of cooperation.
   d. It is unethical and harmful for a SoNHS student to disparage, without sufficient evidence, the professional competence, knowledge, qualifications, or services of a colleague to anyone. It is also unethical to imply without reliable evidence – by

word, gesture, or deed – that a consumer has been poorly managed or mistreated by a colleague.

11. Teaching

a. It is incumbent upon those entering the healthcare profession to teach what they know of the science, art, and ethics of the profession. It includes communicating clearly and teaching consumers so that they are properly prepared to participate in their own care and in the maintenance of their health.

PROCEDURES FOR ALLEGED VIOLATIONS OF THE STANDARDS

I. JURISDICTION OF THE SONHS

A. The SoNHS shall have jurisdiction over alleged violations of the Standards by students.

B. When a SoNHS Student is alleged to have violated the Standards ("Respondent"), the SoNHS shall adhere to the following procedures detailed herein.

C. The procedures described are not to be construed as judicial trials. Care shall be taken, however, to comply as fully as possible with the spirit and intent of these procedural safeguards.

II. DEFNITIONS

A. Adviser: A person selected by Respondent to attend and participate in meetings and hearings. This person may be an attorney.

B. Preponderance of the evidence: The standard of proof used to determine whether it is more likely than not that a violation of the Standards occurred.

C. Record of the Case: An audio, video, digital, or stenographic record of the hearing and the Notice of Hearing, Exhibits, and the report of the Honor Council shall be maintained as the Record of the Case by the Primary Administrative Officer ("PAO").

D. Respondent: The student alleged to have violated one or more of the

Standards.

III. PRIMARY ADMINISTRATIVE OFFICER ("PAO")

A. The SoNHS Associate Dean for Students shall serve as the Primary Administrative Officer ("PAO").
B. The PAO shall receive and review all reports of alleged violations of the Standards.

C. The PAO shall have the authority to handle informal disposition of cases, and shall present cases in hearings to the Honor Council.

IV. ORGANIZATION OF THE HONOR COUNCIL

A. Composition and Voting

1. Voting members of the Honor Council include: the Chair; five (5) faculty members(one representing each program: BSN, BHS, MSN, DNP, PhD); and five (5) student members.
2. A quorum shall consist of five members or their alternatives, which shall include at least two faculty members (excluding the Chair) and 3 student members.
3. A designated SoNHS staff member will provide administrative support for Honor Council meetings , and an approved software system, i.e., AI Note Taker, shall take minutes of meetings.
4. Voting is conducted by secret ballot, and only members or alternates present may vote; proxy voting is not permitted.

B. Eligibility and Appointment

1. Faculty members who have no more than a 50% administrative appointment are eligible to serve as Chair or members of the Honor Council.
2. Voting members of the SoNHS Faculty Assembly shall elect faculty members to the Honor Council, and their alternates. Members elected to the Honor Council shall elect the Chair of the Honor Council.
3. Each BSN and BHS class shall elect a student member and alternate.
4. Graduate students (MSN, DNP, PhD) shall elect one student member and alternate to represent all graduate programs.
5. To be eligible for election to the Honor Council, students must be in good standing at the SoNHS.

a. If a student member of the Honor Council is placed on academic or disciplinary probation, the student becomes ineligible to serve on the Honor Council, and a new student member shall be elected.

C. Time of Appointment and Term of Office

1. All faculty members shall serve a one-year appointment, with the exception of the Chair who will serve 2 years.
    a. Election of faculty will occur at the last spring faculty forum meeting of the year for the next academic year during regular School committee elections.
    b. Faculty vacancies are filled by special election.
2. Election of student members shall be held on an annual basis at the beginning of the academic year, no later than September 15.
3. Within 2 weeks of elections, a meeting of all members shall be held to discuss the role and function of the Honor Council.

V. PROCEDURES FOR REPORTS OF VIOLATION, INVESTIGATIONS, AND INFORMAL DISPOSITIONS

A. Report of Violation

1. An alleged violation of the Standards shall be reported to the PAO as soon as possible after discovery of the alleged violation of the Standards.
    a. Reports must be submitted electronically and include detailed information and any supporting documentation.
    b. Any person who has reasonable cause to believe that a student has violated one or more of the Standards may submit a report.
    c. Except for purposes of any investigation, hearing, or judicial proceeding, reports and the names of reporters shall be maintained confidential.
2. The PAO shall review the report of the alleged violation and shall determine whether it needs to be referred to the UMKC Office of Equity and Title IX or the UMKC Office of Student Conduct and Civility.
    a. The PAO, Office of Equity and Title IX, and Office of Student Conduct and Civility may share information

about possible violations to determine how the alleged violation may be handled.

b. Students may be subject to discipline by the Office of Equity and Title IX, Office of Student Conduct and Civility, or the SoHNS; however, a student will not be subject to discipline for the same violation by multiple entities.

c. If the PAO determines the alleged violation will be handled by the PAO, the PAO shall devise and implement a response on how to proceed, based on relevant facts including, but not limited to: the severity of the alleged misconduct; the health, safety, or welfare of Respondent and members of the UMKC community; and the impact of the alleged violation on members of the UMKC community and the educational environment.

d. At any time, the PAO may work with Respondent to negotiate educational solutions or other resolutions to address the alleged misconduct.

(1) Educational solutions or other resolutions are encouraged, and statements made by Respondent or an adviser during such negotiations shall not be used against Respondent in any hearing.

(2) Respondent may refuse to participate in such negotiations and PAO shall proceed to investigate.

B. Temporary Action for Respondent

1. The Dean of the SoNHS or the Dean's designee may at any time temporarily suspend or place conditions on the attendance or participation of Respondent, pending completion of the Procedures, when the Dean/designee finds and believes from available information that the presence of Respondent would seriously disrupt the educational environment, or Respondent constitutes a danger to the health, safety, or welfare of Respondent or of others.

2. The Dean/designee shall give Respondent written notice of such temporary action and the detailed reason for it, and that Respondent may

submit a written response requesting reconsideration or modification of the temporary action within five (5) business days of delivery of the notice. Such notice may be given in person or via Respondent's University email.

a. The time for submitting the written response may be extended upon written request at the discretion of the Dean/designee.

b. After due consideration of the response and all relevant circumstances, the dean/designee will sustain, remove, or modify the temporary action and notify Respondent of that decision. There is no right of appeal.

C. Preliminary Procedures and Meeting

1. The PAO shall investigate the alleged violation.

a. The PAO shall meet with Respondent.

b. The PAO shall inform Respondent of the place and date of the meeting, the details of the reported alleged violation, and the right of Respondent to have any adviser, who may be an attorney or any other person selected by Respondent, to attend and participate in the meeting.

c. Respondent shall also be advised of the right to bring witnesses and evidence to this meeting.

d. The PAO may have witnesses attend the meeting and present evidence.

2. The PAO may review past reports of alleged violations of the Standards by Respondent, interview witnesses including the reporter of the alleged violation, consult with other pertinent individuals, and collect relevant information.

3. The PAO shall maintain all documents related to the alleged violation and investigation.

4. After conducting the investigation, the PAO shall determine whether a violation of the Standards has occurred based upon the preponderance of the evidence.

a. If the PAO determines that no violation has occurred, educational solutions or other resolutions may be offered to Respondent.

b. If the PAO determines that a violation has occurred, the PAO may, but is not required to, propose an informal disposition. The PAO may proceed to request a hearing with the Honor Council.

D. Informal Disposition

1. If the PAO determines that a violation of the standards has occurred, the PAO shall have the authority to propose informal disposition consisting of a preliminary determination of the responsibility of Respondent for the alleged violation and the proposed sanction.

2. The proposed informal disposition shall be sent via the Respondent's University email, and to Respondent's adviser if applicable.

3. The notice of the proposed informal decision shall inform Respondent that failure to reject the proposed informal disposition in writing within ten (10) business days of receipt of the notice shall be considered as acceptance of the proposed informal sanction, which shall then become final and effective.

4. If Respondent rejects the proposed informal disposition, the PAO shall move forward with a hearing with the Honor Council.

VI. SANCTIONS

A. The following are the sanctions that can be imposed on Respondent by the PAO or the Honor Council:

1. No Sanction - Respondent is not found to have violated a Standard.

2. Warning – A notice in writing that Respondent has violated one or more Standards.

3. Probation – A written reprimand for violation of one or more Standards that includes a designated period of time for the probation and may impose other conditions or requirements.

4. Loss of Privileges - Denial of specified privileges in the SoNHS for a designated period of time.

5. Discretionary Sanctions - Work assignments in the SoNHS, service to the SoNHS, or other related discretionary assignments in the SoNHS.

6. Suspension from the SoNHS – An involuntary separation from the

SoNHS for a specified period of time after which Respondent is eligible to return. Conditions for readmission may be specified.

7. Dismissal from the SoNHS – An involuntary separation from the SoNHS for an indefinite period of time. It may require a minimum separation time or defined requirements before Respondent may return to the SoNHS..
8. Expulsion from the SoNHS – Permanent separation from the SoNHS.

B. If there are multiple violations of Standards, there may be separate sanctions for each violation or one sanction for all violations.

C. The following sanctions may be reportable to external third parties: Probation; Suspension; Dismissal; and Expulsion.

D. Requirements for education and/or training, or referral to a SoNHS Committee or other resources may be imposed on Respondent irrespective of whether a violation of the Standards has been substantiated. Any such requirements do not require a sanction to be imposed.

VII. HONOR COUNCIL HEARING PROCEDURES

A. Setting of Hearing Date and Notice

1. The PAO shall work with Respondent and any other individuals required for the hearing to identify a date for the hearing.
    a. Any request to reschedule the hearing shall be made in writing to the Chair of the Honor Council who is authorized to reschedule the hearing if the request is timely and made for good cause.
2. At least twenty (20) business days before the hearing, or sooner if the agreed-upon date for the hearing is less than twenty (20) business days, a Notice of Hearing shall be provided to the Respondent via Respondent's University email, Respondent's adviser (if identified), Chair of the Honor Council, and any attorneys designated for the PAO and Honor Council which shall include:
    a. Detailed description of the alleged misconduct and any applicable policies or laws that have been alleged to have been violated;
    b. Description of the procedures for the hearing, including

the right to have advisers, who may be attorneys, present at the hearing;

c. The potential sanctions that may be imposed;

d. Statement that the Respondent is permitted to inspect, copy, and review all information or evidence obtained as part of the investigation that directly relates to the alleged misconduct;

e. Statement that the Parties and their witnesses must be truthful when making any statements or providing any information or evidence through the hearing, and documentary evidence must be genuine and accurate;

f. Statement that nothing in the hearing procedures is intended to alter any rights that the Respondent may have under applicable Federal or Missouri laws or the US Constitution;

g. Names of the members of the Honor Council and the designated Chair;

h. That an objection to any member of the Honor Council can be made to the Dean of the SoNHS within three (3) business days after receipt of the Notice of Hearing.

(a) The Dean shall determine whether there is good cause to remove the Honor Council member, which includes, but is not limited to, bias that would preclude an impartial hearing or circumstances in which the member's involvement could impact Respondent's work or learning environment due to current or potential interactions with the member.

i. Time, date, and location of the hearing;

j. That if the Respondent fails to appear at the hearing, the hearing will be conducted without the Respondent; and

k. That the Parties may request a virtual hearing with technology enabling participants simultaneously to see and hear each other, and/or necessary accommodations.

B. Pre-Hearing Disclosures and Procedures

1. At least ten (10) business days before the hearing, the PAO shall provide the Respondent, the Respondent's

adviser (if identified), and the Chair of the Honor Council with:

a. The investigative report that summarizes the relevant evidence related to the alleged misconduct either in electronic form or hard copy;
b. List of proposed witnesses to be called at the hearing;
c. Copies of all proposed documentary, photographic, video, and audio evidence, and
d. How the Respondent can access all of the evidence collected during the investigation directly related to the alleged misconduct.

2. At least five (5) business days before the hearing, the Respondent shall provide the PAO, Chair of the Honor Council, and any attorneys designated for the PAO and Honor Council with:

a. A written response to the investigative report;
b. List of proposed witnesses to be called at the hearing; and
c. Copies of all proposed documentary, photographic, video, and audio evidence.

3. If the PAO identifies any rebuttal witnesses or evidence to be called or submitted after receipt of the Respondent's information, the PAO shall provide notice of such witnesses or evidence to the Respondent, the Respondent's adviser, Chair of the Honor Council, and any attorneys designated for the PAO and Honor Council within at least two (2) business days before the hearing.

4. The PAO, Chair of the Honor Council, and Respondent may agree that certain witnesses do not need to be physically present if their testimony can be adequately summarized in the investigative report or during the hearing by other witnesses.

C. Rights of Respondent at Hearing

1. Be present at the hearing, which may be waived by either written notification to the Chair of the Honor Council or by failure to appear at the

hearing.

2. Have an adviser, who may be but is not required to be, an attorney present at the hearing and who may actively participate and assist the Respondent during the hearing.
3. Prior to the hearing, the adviser may communicate with the Chair of the Honor Council, including raising questions or objections, or making requests regarding the hearing procedures.
4. At the hearing, the adviser may request clarification of a procedural matter or object to a procedure by addressing the Chair of the Honor Council.
5. The adviser may make presentations and speak on behalf of the Respondent and may consult with Respondent during the hearing or outside of the hearing during breaks.
6. The adviser may examine and cross-examine witnesses.
7. To testify at the hearing.
8. Hear and examine evidence presented to the Honor Council.
9. Question and cross-examine witnesses testifying at the hearing.
10. Present evidence by witnesses or affidavits.
11. Make a statement in mitigation or explanation of the alleged misconduct.
12. Receive written findings and the sanction imposed by the Honor Council.

D. Rights of the PAO at Hearing

1. Be present at the hearing.
2. Have an attorney from the Office of the General Counsel who may actively participate and assist the PAO during the hearing.
3. State the facts of the investigative report.
4. Hear and examine evidence presented to the Honor Council.
5. Question and cross-examine witnesses testifying at the hearing.
6. Present evidence by witnesses or affidavits.
7. Receive written findings and the sanction imposed by the Honor Council.

E. Rights of Honor Council

1. Hear together cases involving more than one Respondent which arise out of the same alleged violation; however, separate findings and determinations shall be made for each Respondent.
2. Permit a stipulation of facts by the PAO and Respondent.
3. Permit the incorporation by reference to any documentation, produced and desired in the Record of the Case by PAO or Respondent, provided the other Party has had an opportunity to review and respond to the documentation.
4. Question witnesses and challenge evidence introduced by either Party.
5. Hear from PAO about dispositions made in similar cases.
6. Call additional witnesses or require additional investigation by the PAO.
7. Dismiss the hearing at any time.
8. Permit or require amendment to the Notice of Hearing to include new or additional matters which may come to the attention of the Honor Council before final determination of the case; provided, however, that in such event the Honor Council shall grant to Respondent or PAO such time as the Honor Council may determine is reasonable under the circumstances to answer or explain such additional matters.
9. Dismiss any person from the hearing who interferes with or obstructs the hearing or fails to abide by the rulings of the Chair of the Honor Council.
10. Suspend summarily Respondent from UMKC who, during the hearing, obstructs or interferes with the course of the hearing or persistently fails to abide by the rulings of the Chair of the Honor Council on any procedural question or request of the Chair for order.
11. Have an attorney from the Office of the General Counsel who may assist the Honor Council.

F. Rights of Witnesses

1. Students, faculty, and/or staff of SoNHS who serve as witnesses at the hearing shall be protected from retaliation or harassment from Respondent at or apart from the hearing.
2. If retaliation or harassment of one or more witnesses by Respondent does occur, this will be considered a separate violation of the Standards.
3. Witnesses may request to appear virtually at a hearing.

4. Witnesses may consult with the PAO or others regarding the hearing process.

G. Conduct of Hearing

1. All Parties shall have the opportunity to present the facts and arguments in full.
2. The Chair of the Honor Council shall preside at the hearing, call the hearing to order, call the roll of the Honor Council, ascertain the presence or absence of the Respondent, verify the receipt of notices related to the hearing by the Respondent, report any continuances requested and granted, establish the presence of any advisers, explain any special procedures to be employed during the hearing, and permit the Respondent to make suggestions regarding, or objections to, any hearing procedures.
3. The Chair of the Honor Council shall determine the relevancy and admissibility of any evidence offered and shall respond to any procedural questions.
4. The Chair of the Honor Council shall not require, allow, or use any evidence that constitutes, or seek disclosure of, information that is protected under a legally recognized privilege unless the person holding the privilege has waived that privilege.
5. The Chair of the Honor Council may dismiss any person who interferes with or obstructs the hearing or fails to abide by any ruling of the Chair of the Honor Council.
6. Rules of common courtesy and decency shall be observed.
7. The Chair of the Honor Council may exclude any witness, document, or information that is irrelevant, immaterial, cumulative, or more prejudicial than informative.
8. Incidents or behaviors of Respondent that show a pattern of related violations, or character evidence of Respondent may be considered only if deemed relevant by the Chair of the Honor Council.
9. The Honor Council shall consider the trustworthiness of all oral and written statements, and no oral or written statement shall be considered if the source of the statement has not been disclosed.
10. The PAO shall make opening remarks outlining the general nature of the alleged misconduct.
11. The Respondent may make a statement after the opening remarks or at the conclusion of the presentation by the PAO.

12. The PAO may state the facts of the investigation and call witnesses and introduce evidence supporting the alleged misconduct.

13. The Honor Council may question the PAO and witnesses at any time.

14. The Respondent and the Respondent's adviser may cross-examine witnesses after they have been questioned by the PAO.

15. Upon conclusion of the evidence presented by the PAO, the Respondent may present evidence through witnesses and written documents or other materials.

16. The PAO and Honor Council may question the Respondent and the Respondent's witnesses at any time.

17. The Respondent has the right to remain silent, and such silence shall not be considered as evidence supporting a finding of misconduct.

18. After conclusion of the evidence has been presented by the Respondent, the Chair of the Honor Council may allow either Party to offer rebuttal of the other Party's presentation.

H. Record of Hearing

1. There shall be an audio, video, digital, or stenographic record of the hearing maintained.

I. Report of Honor Council

1. The Honor Council shall carefully review all the materials and promptly render its findings and final decision.

a. The burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility of Respondent rests on thePAO.

2. The report shall detail the following:

a. Identification of the allegations potentially constituting prohibited conduct and the determination of the Honor Council;

b. A description of the procedural steps taken;

c. Findings of fact supporting the determination and any information the Honor Council excluded from consideration and why;

d. Conclusions regarding the application of the Standards to the facts;

e. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility;

f. Any sanctions as set forth in Article VI to be imposed on the Respondent; and

g. The procedures and permissible bases for Respondent to seek review or appeal by the Chancellor.

VIII. GROUNDS FOR REVIEW OR APPEAL BY CHANCELLOR

A. The grounds for review or appeal by the Chancellor are limited to the following:

1. A material deviation from established procedures that affected the outcome of the matter.
2. To consider new evidence that was not reasonably available at the time the decision was made that could affect the outcome of the matter.
3. The Honor Council members demonstrated a conflict of interest or bias against the Respondent generally that affected the outcome of the matter.

B. The sanction falls outside that typically imposed for this offense, or for the cumulative conduct record of the Respondent.A review or appeal is not intended to be a full rehearing of the matter and is therefore deferential to the original findings.

C. In most cases, reviews and appeals are confined to a review of the written documentation, Record of the Case, and relevant documents regarding the grounds for review or appeal.

D. A review or appeal granted based on new evidence should normally be remanded to the Honor Council for reconsideration.

IX. PETITION FOR REVIEW BY CHANCELLOR

A. If the sanction is *not for suspension, dismissal, or expulsion* from the SoNHS, the Respondent may petition the Chancellor, with a copy to the Chair of the Honor Council, in writing for a review of the decision of the Honor Council within ten (10) business days after notification of the Honor Council's decision.

B. The Petition for Review must state the grounds for review in detail.

C. The Chair of the Honor Council may provide a written response to the Petition for Review within ten (10) business days of receipt of the

Petition for Review.

D. Upon request, the Chancellor may extend the time for filing or responding to the Petition for Review for good cause.

E. The Chancellor may review or refuse to review the decision of the Honor Council. If the Chancellor refuses to review the decision, the Parties shall be notified,
and the decision of the Honor Council is final.

F. If the review is granted, the Chancellor may affirm, reverse, or modify the decision, or remand it back for further proceedings.

G. The Chancellor shall notify the Parties in writing of the final action within ten (10) business days after the deadline for the submission of any documents has passed.

H. The action of the Chancellor is final unless it is to remand the matter back for further proceedings.

X. PROCESS FOR APPEAL TO CHANCELLOR

A. If the sanction is *for suspension, dismissal, or expulsion* from the SoNHS, the Respondent may appeal the decision of the Honor Council by filing a written Notice of Appeal to the Chancellor, with a copy to the Chair of the Honor Council, within ten (10) business days after notification of the Honor Council's decision. The Notice of Appeal may include a written memorandum explaining the details of the grounds for the appeal.

B. The Chancellor shall review the Record of the Case and the appeal documents, and may affirm, reverse, or modify the decision of the Honor Council, or remand the matter back for further proceedings.

C. The Chancellor shall notify the Parties in writing of the decision on the appeal within ten (10) business days after receipt of the Notice of Appeal. In the event that the Chancellor is unable to render a written decision within ten (10) business days, the Chancellor will promptly notify the Parties in writing of the delay.

D. The action of the Chancellor shall be final unless it is to remand the matter back for further proceedings.

E. The action of the Chancellor shall be final unless it is to remand the

matter back for further proceedings.

XI. AMENDMENTS TO HONOR CODE

A. Amendments to the Honor Code may be proposed by the Faculty Steering Committee or Honor Council.

B. Proposed amendments must be approved by a 2/3 majority vote of the faculty present at a faculty meeting.

C. All amendments must also be approved by the Chancellor, Office of the General Counsel, and the Board of Curators.

D. The Honor Code may be terminated at any time under the amendment process.

E. Approval, Test Optional Admissions Pilot 1-Year Extension, MU, S&T, UMSL

that the University of Missouri – Columbia, Missouri University of Science and Technology, and University of Missouri – St. Louis extend the test optional undergraduate admissions pilot by one year to encompass the Fall 2027 admissions cycle.

F. Amendment, CRR 600.090, Digital Accessibility Policy

that the revisions to Collected Rules and Regulations 600.090: Digital Accessibility be approved as presented.

600.090 Digital Accessibility Policy
Bd. Min. 4-21-2022; Amended 4-16-2026.

1. Definitions
    1. Digital Accessibility is the ability of a website, mobile application, or electronic document to be easily navigated and understood by a wide range of users, including those users who have visual, auditory, motor, or cognitive disabilities.

2. Assistive Technology is an adaptive device or software which assists persons with disabilities with interacting with technology. Examples include magnification software, screen-reading software, captioning, and speech to text or text to speech programs.
3. Information and Communications Technology (ICT) are systems, equipment, or processes whose principal function is to create, manipulate, store, display, receive, or transmit electronic data, information, and associated content. ICT covers a wide range of technologies, including but not limited to computers, software, websites, telecommunications equipment, and electronic documents.
4. Web Content is defined as the information and experiences available on the web, including text, images, sound, videos, and documents. Examples of web content include websites, online academic course content, and web and mobile applications.
5. Disability means a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of having such an impairment; or being regarded as having such an impairment.

2. UM System's Commitment to Accessibility
    1. The UM System is committed to providing and supporting ICT and digital communications that are accessible to all users, including those with disabilities, and to meeting or exceeding the requirements of state and federal law, including the Americans with Disabilities Act and Sections 508 and 504 of the Rehabilitation Act.
    2. We seek to implement ICT that is accessible to all users, including those who use assistive technologies. An accessible IT environment enhances inclusion and usability for everyone, helping to ensure that as broad a population as possible is able to access, benefit from, and contribute to our programs and services.
    3. Our core goal is to ensure that users with disabilities will have equal opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equally effective way, with substantially equivalent ease of use.
    4. ICT accessibility is an institution-wide responsibility that requires

commitment and involvement from leaders across all units of the University.

3. Policy
    1. Scope: All ICT operated by the University, including – but not limited to -- web-based communications, software, applications and services, mobile applications, videos and multimedia, instructional materials and online learning modules, telecommunications, computers and computing devices, digital content and files, services, and other applicable and emerging systems or technologies. This scope generally encompasses all technology products used to deliver academic programs and services, student services, information technology services, and public- facing programs and services.
    2. Minimum Standard: for the purposes of this policy, the standard will be the current standard required by the ADA Title II digital accessibility regulations. In addition, the University may choose to adopt updated standards beyond this minimum requirement as they become available, and may incorporate these into future guidance.
    3. Requirements: We will seek to deploy to the extent feasible ICT that has been designed, developed, or procured to be accessible to all users, including those who use assistive technologies, unless doing so would constitute an undue burden or fundamental alteration in light of the resources available to the University. Consistent with this policy, all UM locations must:
        1. Develop, purchase, and/or acquire hardware and software products that conform to the standards to the fullest extent possible.
        2. Create, develop, purchase, and/or acquire web content, including websites, communications, and academic course content, that meets the standards.
        3. Provide mechanisms for individuals to report digital accessibility barriers and/or request accommodations according to University guidelines.
        4. Promote awareness of this policy to all members of the University community, particularly those in roles that are

responsible for creating, selecting, or maintaining electronic content, communications, or applications.

4. Exceptions
    1. Automatic Exceptions: Where an instance of ICT or web content would fall under an exception outlined in the ADA Title II digital accessibility regulations, compliance with the standard is not required.
    2. Institutionally-granted Exceptions: where ICT or web content does not fall under an automatic exception and is required to be compliant according to the ADA regulations, but compliance with the standard would cause undue financial or administrative burdens in light of the resources available to the University, constitute a fundamental alteration, be technically infeasible, or where there is no equivalent ICT option available that meets accessibility standards, a particular piece of ICT or web content may be granted an exception from this policy. All requests for this exception must go through the exception request process.
    3. Requirement to accommodate, even when an exception applies: upon receipt of a request from an individual who cannot access the content due to a disability, providing a means of effective communication, an accessible alternative format, and/or reasonable accommodations to that individual is required, even when an exception applies.

5. Implementation
    1. Each University's Chancellor, Provost, and CIO will facilitate implementation of the policy on each campus according to the unique goals, needs, and resources of their campus.
    2. Implementation of digital accessibility will be an ongoing, iterative process that will evolve as technology and standards change. Thus, guidance on current accessibility standards, shared resources, prioritization guidelines, and training materials will be created and regularly updated to support the integration of digital accessibility into each University's daily processes and IT environments.
    3. A UM System Digital Accessibility Committee will be created to advise the President, steer long-term implementation of the policy, and foster collaboration and shared resources across the UM System. The

committee shall be composed of faculty, staff, and student members, with representation in each category from each of the four campuses. Appropriate designees of the Chancellors, including relevant committees of faculty, staff, or students, will appoint members and designate at least one committee member as a primary contact for their campus community.

The motion carried unanimously (9-0) by voice vote with no abstentions.

Finance Committee

Curator Krewson provided time for discussion of committee business.

Fiscal Year 2027 Budget Update, UM – presented by Executive Vice President Ryan Rapp (slides on file for this information only item)

Debt and Credit Update, UM – presented by Assistant Vice President Kevin Hogg and Rob Kanzer of Janney Montgomery Scott LLC (slides on file for this information only item)

Fiscal Year 2027 Preliminary State Operating and Capital Appropriation Request, UM - presented by Executive Vice President Ryan Rapp (slides on file for this information only item)

Approval, Fiscal Year 2027 Capital Plans for MU, MU Health Care, Missouri S&T, UMKC, and UMSL – presented by Executive Vice President Ryan Rapp (slides on file)

It was recommended by President Choi, Chancellor Agrawal, Chancellor Dehghani, and Chancellor Sobolik, recommended by the Finance Committee, moved by Curator Krewson and seconded by Curator Luetkemeyer, that the:

MU: Capital Plan included in Finance Plan:

- NextGen MURR Phase I & II
- NextGen MURR Phase III

- Jesse Hall Exterior Masonry/Metal Repairs & Window Replacement
- Greenley Research Farm – New Learning Center
- Space Utilization Improvements
- Chemistry Teaching Addition – Teaching Lab Renewal
- Strickland Hall Renewal
- Chilled Water Capacity & Resiliency Improvements
- Pickard Hall – Decommissioning and Mitigation

Strategic Projects Development Plan:

- Naka Hall
- William Stringer Wing - Renovation for Missouri Food Entrepreneur Center
- Rollins Hall – Renovate Dining to Modernize Food Offerings
- Lefevre Hall – Renewal and Addition
- Waters Hall – Renewal and Addition
- MU Transmission System Project
- Arts & Science Mall Steam Replacement

MUHC: Capital Plan included in Finance Plan:

- Callaway County Rural Health Expansion

Strategic Projects Development Plan:

- Keene Street Medical Campus - GI Expansion
- Madison Street Medical Building - Cardiology Clinic Relocation
- Keene Street Medical Campus - Cardiovascular Diagnostic Center

UMKC: Strategic Projects Development Plan:

- School of Dentistry New Facility at St. Joseph
- New Brookside Arena
- New Science, Engineering, Education, and Research Building
- Olson Performing Arts Center Addition & Renovations Phase II

Missouri S&T: Strategic Projects Development Plan:

- Critical Minerals Scaling Facility
- Innovation Campus Program Expansion
- Computer Science Building Renovation
- Hotel and Conference Center

UMSL: Strategic Projects Development Plan:

- Science Complex Renovation

be approved for further planning and development as described in the following materials.

Roll call vote of the committee:

Moved by Curator Fry and seconded by Curator Raines, the motion carried unanimously (4-0) by voice vote with no abstentions.

Roll call vote of the Board:

The motion carried unanimously (9-0) by voice vote with no abstentions.

2026 Campus Master Plan, Missouri S&T – presented by Executive Vice President Ryan Rapp and Chancellor Mo Deghani (slides on file)

It was recommended by Chancellor Dehghani, endorsed President Choi, recommended by the Finance Committee, moved by Curator Krewson and seconded by Curator Blitz, that the following action be approved:

that the 2026 Missouri University of Science & Technology Campus Master Plan be approved.

Roll call vote of the committee:

Moved by Curator Fry and seconded by Curator Luetkemeyer, the motion carried unanimously (4-0) by voice vote with no abstentions.

Roll call vote of the Board:

The motion carried unanimously (9-0) by voice vote with no abstentions.

Governance and Human Resources Committee

Curator Fry provided time for discussion of committee business.

2025 Annual Benefits Report, UM – presented by Vice President Marsha Fischer (slides on file for this information only item)

Annual Retirement Plan Actuarial Report & Required Contribution - Written report only, on file

Academic, Student Affairs, Research and Economic Development Committee

Curator Sinquefield provided time for discussion of committee business.

Intercollegiate Athletics Annual Report - Missouri University of Science and Technology – presented by Athletic Director Melissa Ringhausen (slides on file for this information only item)

BS in Biochemistry - Missouri University of Science and Technology – presented by Mehrzad Boroujerdi and Pablo Sobrado

It was recommended by Chancellor Dehghani, endorsed by President of the University of Missouri Mun Y. Choi, recommended by the Academic, Student Affairs and Research & Economic Development Committee, moved by Curator Sinquefield, seconded by Curator Fry that the following action be approved:

> that the Missouri University of Science and Technology be authorized to submit the attached proposal for a BS in Biochemistry to the Coordinating Board for Higher Education for approval.

Roll call vote of the Committee:

Moved by Curator Layman and seconded by Curator Williams, the motion carried unanimously (4-0) by voice vote with no abstentions.

Roll call vote of the Board:

The motion carried unanimously (9-0) by voice vote with no abstentions.

BS in Construction Management, University of Missouri-Columbia – presented by Marisa Chrysochoou and Carlos Sun

It was recommended and endorsed by President of the University of Missouri Mun Y. Choi, recommended by the Academic, Student Affairs and Research & Economic Development Committee, moved by Curator Sinquefield, seconded by Curator Fry that the following action be approved:

that the University of Missouri-Columbia be authorized to submit the attached proposal for a BS in Construction Management to the Coordinating Board for Higher Education for approval.

Roll call vote of the Committee:

Moved by Curator Layman and seconded by Curator Williams, the motion carried unanimously (4-0) by voice vote with no abstentions.

Roll call vote of the Board:

The motion carried unanimously (9-0) by voice vote with no abstentions.

Health Affairs Committee Chair Report

Curator Raines provided time for discussion of committee business.

Executive Vice Chancellor and Dean Report – presented by Richard Barohn, MD (slides on file for this information item)

The minutes for the January 29, 2026, Health Affairs Committee meeting were approved at the April 9, 2026, committee meeting. All information reports presented at the committee meeting are on file with the minutes of this meeting.

Audit, Compliance and Ethics Committee

Curator Williams provided time for discussion of committee business.

Internal Audit Compliance and Ethics Quarterly Report, UM – Written report only, on file

General Business

Good and Welfare of the Board – Draft June 25, 2026, Board of Curators meeting agenda – no discussion (on file)

Resolution for Executive Session of the Board of Curators Meeting, April 16, 2026

It was moved by Curator Williams and seconded by Curator Blitz, that there shall be an executive session with a closed record and closed vote of the Board of Curators meeting April 16, 2026, for consideration of:

- Section 610.021(1), RSMo, relating to matters identified in that provision, which include legal actions, causes of action or litigation, and confidential or privileged communications with counsel; and

- Section 610.021(2), RSMo, relating to matters identified in that provision, which include leasing, purchase, or sale of real estate; and

- Section 610.021(3), RSMo, relating to matters identified in that provision, which include hiring, firing, disciplining, or promoting of particular employees; and

- Section 610.021(12), RSMo, relating to matters identified in that provision, which include sealed bids and related documents and sealed proposals and related documents or documents related to a negotiated contract; and

- Section 610.021(13), RSMo, relating to matters identified in that provision, which include individually identifiable personnel records, performance ratings, or records pertaining to employees or applicants for employment; and

- Section 610.021(17), RSMo, relating to matters identified in that provision, which include confidential or privileged communications between a public governmental body and its auditor.

Roll call vote of the Board:

Curator Blitz voted yes.
Curator Fry voted yes.
Curator Graves voted yes.
Curator Krewson voted yes.
Curator Layman was absent.
Curator Luetkemeyer voted yes.
Curator Raines voted yes.
Curator Sinquefield voted yes.
Curator Williams voted yes.

The motion carried.

There being no other business to come before the Board of Curators, the meeting was adjourned at 11:00 A.M. on Thursday, April 16, 2026.

Board of Curators Meeting – Executive Session

A meeting of the University of Missouri Board of Curators was convened in executive session at 11:15 A.M., on Thursday, April 16, 2026, in the Silver and Gold Room, Havener Center on the Missouri University of Science and Technology campus, pursuant to public notice given of said meeting. Curator Todd P. Graves, Chair of the Board of Curators, presided over the meeting.

Present
The Honorable Robert D. Blitz
The Honorable Robert W. Fry
The Honorable Todd P. Graves
The Honorable Lyda Krewson
The Honorable Jeff L. Layman
The Honorable Blaine Luetkemeyer
The Honorable John M. Raines
The Honorable Jeanne Cairns Sinquefield

The Honorable Michael A. Williams

Also Present
Dr. Mun Y. Choi, President, University of Missouri
Mr. Mark A. Menghini, General Counsel
Ms. Valerie Slayton, Secretary of the Board of Curators
Dr. C. Mauli Agrawal, Chancellor, University of Missouri–Kansas City
Dr. Mohammad Dehghani, Chancellor, Missouri University of Science and Technology
Ms. Marsha Fischer, Vice President for Human Resources and Chief Human Resources Officer
Mr. Kevin Hogg, Assistant Vice President and Treasurer
Mr. Michael Hoehn, Program Director, NextGen MURR
Dr. John Middleton, Associate Vice President for Academic Affairs and Chief of Staff
Ms. Jody Mitori, Chief Marketing and Communications Officer
Mr. Ryan D. Rapp, Executive Vice President of Finance & Operations & MU Chief Financial Officer
Mr. Matt Sanford, Executive Director, MURR
Dr. Kristin Sobolik, Chancellor, University of Missouri-St. Louis
Mr. Laird Veatch, MU Athletic Director

Consent Agenda – Executive Session

It was endorsed by President Choi, moved by Curator Williams and seconded by Curator Krewson, that the following items be approved by consent agenda:

CONSENT AGENDA – EXECUTIVE SESSION

A. Curators' Distinguished Professor Emeritus – Dong Xu, MU
B. Naming Opportunity, David L. Payne Energy Innovation Center and David L. Payne Electrical Engineering & Computer Science Department, MU
C. Naming Opportunity, Boswell Department of Mechanical & Aerospace Engineering, MU

A. Curators' Distinguished Professor Emeritus – Dong Xu, MU

that upon the recommendation of President Mun Y. Choi, the Provost, and the University of Missouri System Office of Academic Affairs, it is recommended

that Professor Dong Xu be named to the position of University of Missouri Curators' Distinguished Professor Emeritus, effective 04/16/2026.

B. Naming Opportunity, David L. Payne Energy Innovation Center and David L. Payne Electrical Engineering & Computer Science Department, MU

To name the Energy Innovation Center the Payne Energy Innovation Center; and to name the Electrical Engineering & Computer Science Department the David L. Payne Electrical Engineering & Computer Science Department contingent upon execution of the gift agreement, in substantially the form attached hereto, together with such necessary or beneficial changes as may be agreed by the officers executing same in consultation with the Office of General Counsel.

C. Naming Opportunity, Boswell Department of Mechanical & Aerospace Engineering, MU

To name the Department of Mechanical and Aerospace Engineering at the University of Missouri – Columbia the John J. Boswell Department of Mechanical and Aerospace Engineering.

Roll call vote of the Board:

Curator Blitz voted yes.
Curator Fry voted yes.
Curator Graves voted yes.
Curator Krewson voted yes.
Curator Layman voted yes.
Curator Luetkemeyer voted yes.
Curator Raines was absent.
Curator Sinquefield voted yes.
Curator Williams was absent.

The motion carried.

General Business

First Amendment to the Contract for Employment, MU Athletic Director Laird Veatch
(presented by General Counsel Menghini)

It was recommended by President Mun Y. Choi, moved by Curator Williams and seconded by Curator Krewson, that the following be approved:

> That Board Chair Graves is authorized to enter into the First Amendment to the Contract for Employment (or a restated contract agreement), at a future date as determined appropriate, with MU Athletic Director, Laird Veatch under the same or substantially similar terms as provided to the members of the Board of Curators at the April 16, 2026 Board of Curators meeting, subject to approval by the General Counsel as to legal form.

Roll call vote of the Board:

Curator Blitz voted yes.
Curator Fry voted yes.
Curator Graves voted yes.
Curator Krewson voted yes.
Curator Layman voted yes.
Curator Luetkemeyer voted yes.
Curator Raines voted yes.
Curator Sinquefield voted yes.
Curator Williams voted yes.

The motion carried.

Approval, University of Missouri-St. Louis Interim Chancellor, Chris Spilling – presented by Vice President Fischer

It was recommended by President Choi, moved by Curator Williams and seconded by Curator Krewson that:

> The Board of Curators approve President Choi's appointment of Chris Spilling as Interim Chancellor of the University of Missouri – St. Louis at an annual salary of $450,000, effective July 1, 2026, and continuing until a permanent Chancellor is appointed or is otherwise removed or replaced in the position. This appointment is subject to appropriate documentation approved as to legal form by General Counsel.

Roll call vote of the Board:

Curator Blitz voted yes.

Curator Fry voted yes.
Curator Graves voted yes.
Curator Krewson voted yes.
Curator Layman voted yes.
Curator Luetkemeyer voted yes.
Curator Raines voted yes.
Curator Sinquefield voted yes.
Curator Williams voted yes.

The motion carried.

KCUR Update – presented by Chancellor Agrawal and Executive Vice President Rapp

No action taken by the Board.

MURR Update – presented by Mr. Sanford and Mr. Hoehn

No action taken by the Board.

Mr. Hogg, Mr. Hoehn, and Mr. Sanford, left the meeting.

Athletics Update – presented by MU Athletic Director Laird Veatch

No action taken by the Board.

Mr. Veatch left the meeting.

PowerPlex Update – presented by Chancellor Dehghani

No action taken by the Board.

President's Report – presented by President Choi

No action taken by the Board.

General Counsel's Report – presented by General Counsel Menghini

No action taken by the Board.

Adjourn, Board of Curators Meeting and Committee Meetings, April 16, 2026

It was moved by Curator Krewson and seconded by Curator Fry that the Board of Curators meeting and committee meetings, April 16, 2026, be adjourned.

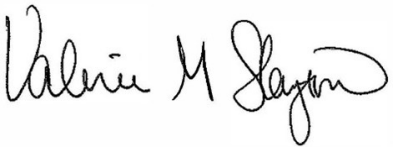
Roll call vote of the Board:

Curator Blitz voted yes.
Curator Fry voted yes.
Curator Graves voted yes.
Curator Krewson voted yes.
Curator Layman voted yes.
Curator Luetkemeyer voted yes.
Curator Raines voted yes.
Curator Sinquefield voted yes.
Curator Williams voted yes.

The motion carried.

There being no other business to come before the Board of Curators, the meeting was adjourned at 2:50 P.M. on Thursday, April 16, 2026.

Respectfully submitted,



Valerie M. Slayton
Secretary of the Board of Curators
University of Missouri System

Approved by the Board of Curators on June 25, 2026.