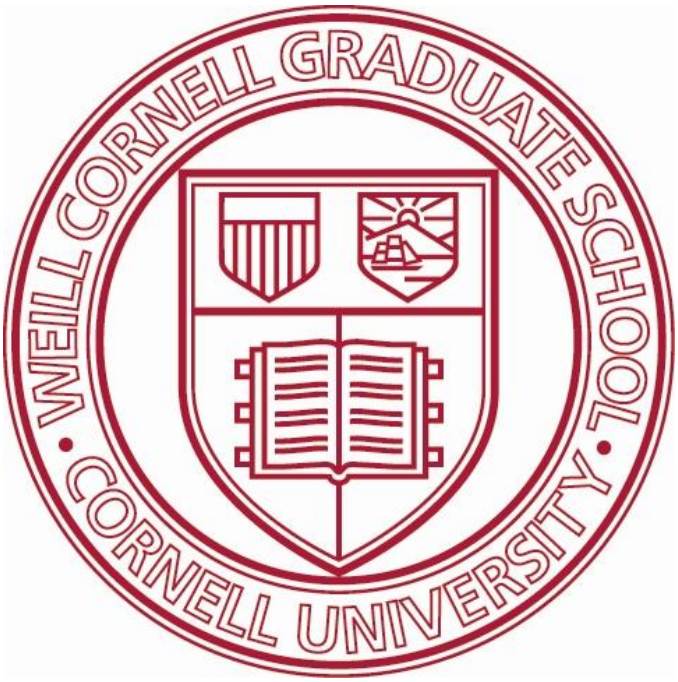
WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES OF CORNELL UNIVERSITY



Code of Legislation

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CODE OF LEGISLATION

OF THE

WEILL CORNELL

GRADUATE SCHOOL OF MEDICAL SCIENCES

OF CORNELL UNIVERSITY

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PREFACE

Graduate work leading to an advanced general degree has been done in the Medical College since 1912, when the degree was offered through a cooperative arrangement with the Graduate School of Cornell University. Under the plan as originally announced, students registered for an advanced degree at the Medical College, but in all respects they were subject to the rules and regulations prevailing at the University. The departments offering graduate instruction were identified in the first Announcement as the "scientific departments".

In June 1950, the trustees of Cornell University entered into an agreement with the Sloan-Kettering Institute for Cancer Research (SKI) whereby a new division of the Medical College, named the Sloan-Kettering Division, was created for the purpose of offering additional opportunities for graduate study toward advanced degrees at SKI, thus extending the areas of the basic sciences. This expansion of the New York City component of the Graduate School prompted the Faculty of the University's Graduate School to give consideration to matters of administration, with the result that, by action of the trustees in January 1952, the Graduate School of Medical Sciences was established on the campus of the Cornell University Medical College.

Although the Code of Legislation of the Graduate Faculty at Ithaca states "Except where the content requires an opposite reading, none of the provisions of this Code shall apply to the Graduate School of Medical Sciences, to its Faculty, or to any of the officers, committees, or agents of that Faculty," the Faculty of the Graduate School of Medical Sciences has been guided in its responsibilities and actions by the said Code since its inception.

Because of the reorganization of the Faculty of the GSMS into Fields, it became necessary for this Faculty to codify its own legislation. This was done when the Code of Legislation of the Faculty of the Graduate School of Medical Sciences was adopted on 29 October 1970. The "Fields of Instruction", originally based in the Departments in the Medical College Division or Units in the Sloan-Kettering Division, were reorganized in 1985-87, establishing seven "Programs of Instruction" (now known as "Programs of Study") with the titles: Biochemistry, Cell Biology and Genetics, Immunology, Molecular Biology, Neuroscience, Pharmacology, and Physiology and Biophysics.

In 1995, a Master of Science Program in Clinical Epidemiology and Health Services Research was established in the Graduate School of Medical Sciences.

In 1998, the name of the Cornell University Graduate School of Medical Sciences was changed to the Joan and Sanford I. Weill Graduate School of Medical Sciences of Cornell University.

In 1998, a new Program of Physiology, Biophysics and Molecular Medicine was created from the merger of the Interdisciplinary Training Program of Molecular Medicine with the Physiology and Biophysics Program; the Program name was changed to Physiology, Biophysics, and Systems Biology in 2004. Also, in 2004, the name of the Immunology Program was changed to Immunology and Microbial Pathogenesis.

In 2005, a Master of Science Program in Clinical Investigation was established; in 2009, a Master of Science Program in Health Sciences for Physician Assistants was established; and in 2009, the Cell Biology and Genetics Program name was changed to Cell and Developmental Biology to better reflect the scientific focus of the Program.

In 2010, the official name of the Code of Legislation was changed to: "Code of Legislation of the Weill Cornell Graduate School of Medical Sciences of Cornell University."

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CODE OF LEGISLATION

OF THE

WEILL CORNELL
GRADUATE SCHOOL OF MEDICAL SCIENCES
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I. Purpose and Nature of Graduate Study

1. The province and function of the Joan and Sanford I. Weill Graduate School of Medical Sciences of Cornell University (referred to herein as Weill Cornell Graduate School of Medical Sciences (WCGSMS), is the preparation of students for scholarly study, advanced research, teaching, and professional leadership.

2. The PhD degree is designed for those students who demonstrate the potential to perform original research under guidance, in preparation for careers in independent research and teaching. The student is expected to give evidence of mature purpose by originating and pursuing a program of study and research in consultation with appropriate members of the Faculty. The award of the degree is contingent upon the completion of a dissertation constituting an original contribution to knowledge.

3. A MS degree is offered in the Program of Clinical Epidemiology and Health Service Research for those who wish to train in methods used to conduct clinical epidemiology research.

A MS degree is offered in Clinical Investigation to provide clinical research skills training to health-care professionals pursuing careers in clinical and translational investigation.

A MS degree is offered in Health Sciences for Physician Assistants to train health-care professionals to practice medicine as physician assistants with physician supervision in diverse clinical and academic settings.

II. Degrees

4. The Faculty of the WCGSMS has jurisdiction over all graduate work of students in residence at the New York City campuses of the Weill Cornell Medical College (WCMC) and the Sloan-Kettering Institute (SKI). It is a function of the Faculty of the WCGSMS to recommend to the Board of Trustees of Cornell University the establishment, modification or discontinuance of programs leading to advanced degrees.

5. The authority to establish programs leading to the masters and doctoral degrees (MS and PhD) is granted by the New York State Board of Regents and exercised directly and solely by the Faculty of the WCGSMS. Rules for admission to the Graduate School and for progression to the award of the higher degrees (MS and PhD) are established and administered by the Executive Committee (EC), by authority delegated to it by the Faculty.

6. The Dean of WCGSMS has the responsibility to recommend the award of the degree to the President. If the Dean chooses to postpone or deny a degree, then it is the responsibility of the EC to conduct an inquiry into the denial.

7. The Faculty of the WCGSMS can not recommend for the PhD degree a member of the WCGSMS Faculty or any persons holding appointment as Professor, Associate Professor, or

Assistant Professor in any division or agency of Cornell University. WCGSMS Faculty and Faculty from any division or agency of Cornell University are allowed to enroll in the MS Programs. Additionally, Faculty from partnering Clinical and Translational Science Center institutions may enroll in the Clinical Investigation Program.

8. The WCGSMS office and the Programs of Study issue written instructions for fulfilling the requirements for the degree. It is the candidate's responsibility to become familiar with the applicable requirements of both the Graduate School and the Program, and to fulfill these satisfactorily. In this process, the candidate's major advisor (or Major Sponsor) and members of the PhD Special Committee or equivalent MS Program committees are expected to provide guidance and advice.

9. Degrees are granted in August, January, and May or on dates otherwise determined by Cornell University. The last day for fulfilling all academic requirements in each degree period, normally about two to four weeks before the end of a term, is stated in the written instructions available from the WCGSMS office or from the MS Programs offices. A candidate who fulfills the requirements after the date specified will be recommended for the degree in the following period; however, upon request, the WCGSMS will issue a temporary certificate stating that the requirements have been satisfied. After the award of the degree has been approved, the Dean may withhold or postpone the granting of the degree for non-academic reasons, such as nonpayment of bills or fees.

10. The WCGSMS invites all candidates who have satisfied requirements during the preceding academic year to participate in the Commencement exercises in the spring.

III. The Faculty of the WCGSMS

11. Weill Cornell Graduate School of Medical Sciences is composed of the Weill Cornell Medical College Division (WMCD) and the Sloan-Kettering Division (SKD).

12. The Faculty of the WCGSMS (herein, referred to as the Faculty) consists of (1) an administrative staff including the President of Cornell University; the Provost for Medical Affairs; the Dean of the WCGSMS; the Associate Dean of the WCGSMS; the Director of the Sloan-Kettering Institute; and (2) an academic staff consisting of those who have been duly appointed to the Faculty as provided in **Paragraph 15**.

13. The academic staff consists of Professors, Associate Professors and Assistant Professors from the Faculty of the WCMC and Cornell University; and the members of the professional staff of SKI and the Human Oncology and Pathogenesis Program of Memorial Hospital (MH). Faculty members holding adjunct Faculty appointments at these institutions may hold appointments on the Faculty of the WCGSMS for the duration of these adjunct appointments. They must be actively engaged in teaching and/or research in the established Programs of Study. Appointment to, and acceptance of, membership on the Faculty of the WCGSMS carry with them recognition of the special responsibilities involved in the teaching and direction of graduate students. Recommendations for appointment should be contingent upon the demonstration of ability to conduct scholarly work and research as well as upon competence in teaching and mentoring, and adequate grant support. Members of the University Faculty resident at the Ithaca campus may serve as members of Special Committees for MS or PhD graduate students.

14. The Faculty of the WCGSMS is not to be regarded as a federation of departments, but as an association of individuals having equal rights and privileges in respect to graduate work. It is important for the interest of the WCGSMS and of the University that academic duties be so distributed that all members of the full-time resident instructional staff may have a reasonable amount of time for scholarly work and research.

15. Recommendations of potential Faculty to the EC by the Dean for appointment to the Faculty of the WCGSMS may be submitted by the Program Chairperson following approval by a majority of the members of the Faculty of that Program who are eligible to vote. To be

eligible, a Faculty member must be of equal or higher rank to that proposed for the new appointee (Assistant Professor, Associate Professor or Professor). Votes are to be solicited from all eligible Faculty members in the Program. Before balloting, the Program Chairperson will provide each eligible Faculty member with a copy of the candidate's curriculum vita and bibliography. The Program has the discretion to require that the Faculty candidate present a seminar to the Faculty of the Program. The Program Chairperson will forward the nominations to the Dean for consideration by the EC. The EC will review such recommendations and approve or deny the recommendations by a majority vote of the Committee. Approved candidate credentials will be forwarded to the Dean of the WCGSMS or, in the case of Faculty appointed to the SKD, through the Dean of the WCGSMS to the Provost for Medical Affairs, Cornell University.

After each period of five years as a member of the Faculty of the WCGSMS, the Faculty member's association with the Program will be reviewed by the Program with which he or she is affiliated. The procedures of review and criteria for reappointment will be determined by each Program. Membership in a PhD Program is dependent on maintenance of a significant individual program of research, and evidence of scholarly scientific pursuits (peer-reviewed publications, acquisition of independent funding, presentation at national and international conferences), and demonstration of significant contributions to the Program. Significant contributions to a Program require a combination of a number of the following: mentoring students, active participation in teaching, active membership in Program committees, participation in Program activities (seminars, journal clubs, retreats, etc.), and assumption of a Program administrative post. Membership in a Masters Program Faculty is dependent on demonstration of significant contributions to the Program, including mentoring students, teaching courses or seminars, and active participation in Program conferences, activities and administration.

Faculty members are appointed for their specific expertise and must maintain scholarly efforts appropriate for their disciplines. Those Faculty members who fail to meet the above requirements will not be reappointed and may reapply for membership by following the procedure for initial appointment.

A Program may, through its review process, determine that a Faculty member does not meet the requirements for membership in its Program. The Program Chairperson may, with the approval of the Dean of WCGSMS, rescind such Faculty member’s membership in the Program and the WCGSMS Faculty.

16. A list of the WCGSMS Faculty is published in the *Catalog* and on the WCGSMS web site. Lists and descriptions of courses for inclusion in the *Catalog* and WCGSMS web site should be transmitted through the Program Directors to the WCGSMS Registrar as the changes occur.

IV. The Dean and Associate Dean

17. The Dean of the WCGSMS is the chief academic administrative officer. The Dean is an *ex officio* member of the EC of the WCGSMS and chairs its meetings. The Dean represents the WCGSMS in the Graduate Faculty of Cornell University, and is an *ex officio* member of the General Committee at Ithaca.

18. At an announced meeting of the WCGSMS Faculty, the President nominates to the Faculty of the WCGSMS a Dean of that Faculty. The members present at the meeting vote by written ballot. The President reports the vote in nominating the Dean to the Board of Trustees. The term of appointment of the Dean is five years, with provision for additional terms of appointment.

19. The Associate Dean of the WCGSMS assists the Dean in the fulfillment of his or her responsibilities. The Associate Dean is an *ex officio* member of the EC of the WCGSMS and acts for the Dean as the principal administrative officer of the WCGSMS in the absence of the Dean. The Associate Dean of the WCGSMS is appointed by the President on recommendation by the Dean, after consultation with the EC of the WCGSMS. The Associate Dean serves as the

Secretary of the Faculty and of the EC of the WCGSMS. The major responsibilities of the Associate Dean are to supervise the Graduate School office and oversee all graduate student issues.

V. The Executive Committee

20. The EC is both the administrative and judicial board of the WCGSMS.

21. The EC consists of the Program Chairpersons and the following *ex officio* members: the Dean as Chairperson; the Associate Dean as Secretary; the Provost for Medical Affairs of Cornell University; the Director of the Sloan-Kettering Institute; and two non-voting, elected student representatives. With the prior approval of the Dean, Chairpersons may designate a non-voting delegate for a given meeting, and when necessary because of absence, a Chairperson may register a vote with the Dean. In event of a tie, the Dean will cast the deciding vote on any issue before the Committee.

22. It is the responsibility of the EC to recommend and approve the addition or deletion of Faculty and Programs of Study; to review the curricula of the Programs in order to recommend how they may better serve the overall interests of the educational program of the WCGSMS; to review the requirements for degrees with reference to examinations, residence units and theses or dissertations; to act upon petitions; to resolve student problems involving academic dishonesty or irresponsibility; and to recommend *ad hoc* committees.

23. Whenever the EC takes up a question referred to it by the members of the WCGSMS Faculty or students, the Dean may request the petitioners or movers of a Faculty or student motion to be present at the EC meeting.

24. The EC shall meet three times annually. Additional meetings may be held at the request of the Dean or a majority of the members of the EC.

VI. Programs of Instruction, Program Chairpersons and Directors

25. Except as otherwise noted, the term "Program" corresponds to the Programs of Instruction, also known as Programs of Study in the WCGSMS. The graduate Programs are generally, but not necessarily, established by the Dean after consultation with the EC, and are centered around the basic sciences departments of Weill Cornell Medical College and/or the programs of the Sloan-Kettering Institute. A Program of Study in the WCGSMS is constituted by the voluntary grouping of Faculty members who have common interests in graduate education within a particular area of biomedical science.

The MS Programs are constituted by Faculty members drawn from the WCMC, Cornell University and SKI.

Membership in a Program is not restricted to or synonymous with membership in the corresponding departments of the Medical College or Programs in the Sloan-Kettering Institute. Faculty members desiring association with a Program must be accepted by the Program as provided in **Section III-15**.

26. Faculty desiring to constitute a new Program must submit a proposal initially to the Dean, and upon his approval, to the EC for formal approval. New Programs of Study must be approved by the New York State Board of Regents.

27. Each Program is represented in the EC by a Chairperson or by no more than two Co-Chairpersons appointed by the Dean of the WCGSMS after consultation with the Director of SKI. A Chairperson or Co-Chairperson may not represent more than one Program.

28. Student representatives to the EC shall be elected to one-year terms commencing on July 1. The EC shall entrust the establishment of rules for these elections and the holding of elections

to the Graduate Student Executive Council, or in the absence of a representative student organization, to a committee of students appointed by the Dean.

29. Each Program appoints a Director from among the Program membership to oversee Program activities. The appointment is made by the Chairperson. A Director may serve no longer than five years. A Program may appoint two Co-Directors in lieu of a single Director.

30. The WCGSMS *Catalog* and/or web site identifies the name and scope of each Program of Study, lists the members of the Faculty instructing in the Program, the Chairperson or Co-Chairpersons, the Director, the major or minor subjects as approved by the EC, and describes the scientific research and degree requirements associated with the Program. Each Chairperson or Director submits WCGSMS *Catalog* and/or web site information for the Program at the request of the Dean.

31. The Dean sends to each Chairperson or Director all material relating to the Program, including applications and credentials for admission and award of fellowships, notices of fellowships or other opportunities, and all communications of interest to the Faculty in the Program. The Chairperson or Director is responsible for the care and circulation of such material and for returning what should be returned to the WCGSMS Office, together with recommendations or opinions.

VII. Student Petitions

32. The Dean and the EC together have the power of granting exceptions to specific legislation, if in their judgment such action accords with fundamental educational principles of the WCGSMS. Students have the privilege of requesting exceptions to the regulations of this Code, but must submit convincing evidence that exception is needed and warranted. When the Dean acts negatively on such a petition, the student will be informed by the Dean that he or she has the right to have his or her case reviewed by the EC.

33. Students should address petitions concerning such matters to the Dean, with copies to the WCGSMS office, the Major Sponsor and the petitioner.

VIII. Admission

34. To be admitted to the PhD Programs of the WCGSMS, an applicant must (1) hold a baccalaureate degree or the equivalent from a college or university of recognized standing, (2) have adequate preparation in the chosen field of instruction, and (3) show promise of ability to pursue advanced study and research, as judged by his or her previous record. Candidates usually matriculate in July and August. Applications are accepted annually, in December. Application procedures and deadlines are described on the WCGSMS web site.

To be admitted to the MS Program in Clinical Epidemiology and Health Services Research, an applicant must hold either a MD degree, BSN degree, RN degree, PhD degree, or another advanced degree in a clinically-oriented allied health services discipline, with work experience. In some instances MD students who have completed at least two years of medical school may be admitted. Candidates usually matriculate in July and August. Credentials must be received by June 1. Scores from the medical or nursing licensing examination may substitute for GRE scores.

To be admitted to the MS Program in Clinical Investigation an applicant must be a US Citizen, Permanent Resident or Non-Citizen National. Senior residents, fellows, MDs (must be in final year of residency or fellowship training or in Cornell's special internal medicine/surgery or fellowship research pathway), MD-PhDs, PhDs, DDS, and DMD degree holders who are interested in or involved in clinical research are encouraged to apply. Medical students, other health-care professionals involved in clinical research (those with BSN, MSN, DNSc degrees, physicians' assistants, and clinical research project coordinators) will also be considered.

Applications must be submitted through the Clinical and Translational Science Center's electronic Protocol Authoring and Review system (ePAR) on the Program web site.

For the MS in Health Sciences for Physician Assistants Program, applications and submissions of reference letters must be completed electronically through the Centralized Application Service for Physician Assistants web site. Graduate Record Examination scores are required; non-native English speakers must submit Test of English as a Foreign Language scores as well. All applicants must possess a minimum of a bachelor's degree or equivalent and have met science coursework requirements prescribed by the Program; advanced science study is encouraged. Significant health-care experience is required, preferably including direct patient contact.

35. All applications to the PhD Programs must be submitted electronically through the application program provided on the WCGSMS web site. Applicants must support their applications for admission with complete official transcripts of record from all colleges and universities attended, a statement of purpose, and three letters of recommendation from individuals in academic pursuits who know the applicant professionally. In addition, scores from the Graduate Record Examination are required, and a Test of English as a Foreign Language is required for non-native English speakers by individual Programs.

36. Each Program establishes a Credentials Committee (or equivalent) which reviews the completed applications of students wishing to enter the Program for major study. The Credentials Committee makes recommendations on the basis of the applicant's fitness for undertaking the contemplated graduate work and the availability of facilities for such work. The Chairperson or Director shall transmit to the Dean recommendations for admission or rejection.

37. The Dean has final authority in matters of admission, guided by the recommendations of the Programs of Study.

38. An accepted applicant who wishes to change the time of his or her admission must seek approval from the Dean or Associate Dean.

39. Matriculated students who fail to register in successive terms must apply to the Dean for permission to register.

40. Applicants who have been refused admission may re-apply at any time. Credentials of accepted applicants form a part of the permanent record. Letters of recommendation are strictly confidential and may not be used for any purpose other than official admission procedure without the written consent of the author. No matriculate is permitted to remain in residence in the WGSMS who has not fulfilled the requirements of the Health Service of the WCMC.

IX. Status of Students

41. Every applicant accepted by the WCGSMS is admitted (1) as a candidate for the PhD degree or (2) as a candidate for the MS degree in (a) Clinical Epidemiology and Health Services Research, (b) Clinical Investigation, or (c) Health Sciences for Physician Assistants.

42. For a student in one of the PhD Programs of Study, at the time of the Admission to Candidacy Examination (ACE) or thereafter, it is an option of the student's Special Committee to recommend a change from a PhD Program to MS status for the purpose of receiving a terminal MS degree (**see Sections X-57, X-61 and XIV**).

Student transfers between the PhD Programs of Study are permitted (**See Paragraph 44 and Section XIV- 90, 92**). Transfer from a PhD Program to a Masters Program is not permitted.

43. A student may select a major advisor (also known as Major Sponsor) in another Program of Study and remain in his or her original Program. A new Faculty affiliation by the Major Sponsor is not necessary. In such a case, the student must meet the requirements of the original Program and may be required to fulfill additional course requirements as determined by the

new Major Sponsor. Alternatively, a student may appoint a Major Sponsor in another Program and transfer to this Program with the agreement of its Chairperson(s). The student is expected to meet the requirements of the Program. **See Paragraph 44 and Section XIV- 90, 92** for other procedural requirements relating to change of Program.

44. Only a student in good standing may transfer to another Program (**see Section XIV-90**).

X. General Requirements

A. RESIDENCE

(1) Residence Units

45. Residence is calculated in terms of residence units: one residence unit corresponds to one-half academic year of full-time study satisfactorily completed. Fractions of 3/4 and ½ units may be granted. Residence requirements for degrees granted by WCGSMS are as follows:

- PhD from one of the Programs of Study: 6 residence units minimum*
- MS from one of the PhD Programs of Study: 2 residence units minimum

*MD-PhD students are awarded 1 residence unit for satisfactory completion of the first two years of medical school. Thus an MD-PhD student may complete the PhD residence requirements with a total of fewer than 6 residence units.

The MS in Clinical Epidemiology and Health Services Research, the MS in Clinical Investigation and the MS in Health Sciences for Physician Assistants Programs do not have "residence units" requirements.

46. Each academic year the Special Committee attests residence to the Dean in the annual student evaluation.

47. An international student who for reasons satisfactory to his or her Special Committee, must terminate study to return to his or her country before completing the requirements for a degree, may secure an Attestation of Study in Residence from the Dean.

48. Residence units are officially recorded by the Dean.

(2) Continuity of Residence (or Registration, if applicable)

49. Each candidate for an advanced degree is expected to complete the Program's residence and/or registration requirements with reasonable continuity. The candidate must register each term after the first term of registration in the WCGSMS until either withdrawal or completion of requirements for the degree, unless granted a leave of absence by the Dean of the WCGSMS upon recommendation by the Special Committee (**see Section XIII-83**). (For the MS in Health Sciences for Physician Assistants Program, registration is required each semester instead of quarterly.) A candidate who fails to register during any period of four or more years may continue only after the Dean has stipulated the amount of additional residence to be required. The Dean will be guided in the decision by a written estimate from the candidate's Special Committee of the period of study necessary to recover ground lost. The maximum number of years allowed, between first registration and completion of requirements for a degree, are as follows:

- PhD in Program of Study: 7 years
- MS in Clinical Epidemiology and Health Services Research: 4 years
- MS in Clinical Investigation: 4 years
- MS in Health Sciences for Physician Assistants: 26 months unless otherwise determined on a case-by-case basis

A student may appeal to the Dean to request an extension.

(3) Eligibility for Residence Units

50. The summer is considered as part of the academic year.

51. Graduate students in the WCGSMS may undertake formal studies or may conduct research on the Ithaca campus. By prior arrangements, such students register in the Graduate School at Ithaca and work under the direction of advisors resident at Ithaca, who may be appointed as optional members of the students' Special Committees. This same privilege is available to graduate students from the Ithaca campus who find it desirable to conduct studies at the WCGSMS.

(4) Transfer of Residence Credit or Registration Credits

52. Health Sciences for Physician Assistants students may, with Program approval, complete one external rotation for credit during their clinical year.

For PhD candidates, no commitment will be made for acceptance of previous study in another graduate school in lieu of required residence until after the student has entered into study at the WCGSMS. The student's Special Committee may recommend to the Program of Study acceptance of such study; the Program also will determine the residence units to be awarded for such study on the basis of a transcript of record and other credentials. The residence units must not exceed those that would be earned under similar circumstances at the WCGSMS and will in general be limited to a maximum of two units. No less than one-half of a unit may be recommended. The Dean may approve acceptance of a maximum of four units.

53. No transfer of residence or registration credits will be allowed for the MS Program in Health Sciences for Physician Assistants. In limited and special circumstances, the Clinical Investigation Program may accept transfer credits from other institutions. Written approval is required prior to admission. In limited circumstances, the Clinical Epidemiology and Health Services Research Program may accept transfer credits from other institutions.

A student who has satisfactorily completed two or more academic years of study toward the degree of MD from the WCMC or from another accredited medical school in the United States with a curriculum equivalent to that of the WCMC may be accepted as having satisfied not more than 2 units of residence credit toward the degree of PhD, provided the student meets the requirements of the relevant Program of Study.

54. Study at undergraduate colleges and as non-candidates or special students is not acceptable for transfer credit, even though the courses may be designed for graduate students; nor is study in other graduate schools as non-candidates or special students. The passing of courses or the acquirement of credit hours is not regarded as evidence satisfactory in itself for transfer of credit.

(5) Study *in absentia*

55. A candidate for the degree of PhD may, on prior petition approved by the Major Sponsor and Associate Dean, be permitted to earn residence units for study away from the University while regularly registered in the WCGSMS provided such an arrangement offers advantages for prosecution of the candidate's research program. The petition (using the application form available from the WCGSMS) must briefly outline the project and explain why the study must be pursued off campus. A candidate to whom this privilege has been granted shall continue to work under the general direction of his or her Special Committee. At the off-campus location, the work must be under the immediate supervision of a competent advisor designated by the Committee and acting for it. The Major Sponsor for the student studying *in absentia* must be either a regular or adjunct member of the WCGSMS Faculty.

The following limitations apply:

a. The candidate shall receive no compensation during the period of study *in absentia* except in the form of a fellowship or of an assistantship or its equivalent. The Major Sponsor is responsible for providing the funding to support the student *in absentia*.

b. Not more than 4 residence units may be earned toward fulfillment of minimum residence requirements for the degree of PhD for study *in absentia.*

B. INSPECTION OF STUDENT RECORDS

56. All work done by a candidate in preparation for an advanced degree, whether as earning residence credit or submitted in partial fulfillment of the conditions governing the degree, shall be freely available for inspection and evaluation by any interested member of the Faculty of the WCGSMS. See **Appendix II, Access to Student Information**.

C. EXAMINATIONS

Examination requirements for the Masters Programs are available from the respective Programs.

57. For students enrolled in the PhD Programs of Study, two examinations are required by the Faculty of the WCGSMS: (1) Admission to Doctoral Candidacy Examination (ACE) and (2) Final Examination for the degree of PhD. The examinations for the PhD degree must be scheduled at least one month in advance at the office of the WCGSMS and must be announced to members of the Faculty of the WCGSMS so that they may attend. The candidate schedules the examination by filing the pertinent form in the office of the WCGSMS. The Program names a Chairperson of an Examination Committee to conduct each examination and, in the case of the ACE, to participate in the selection of additional examiners.

Students enrolled in the PhD Program may declare to undertake the ACE examination for a terminal MS degree. PhD students who have already passed the ACE examination may also opt for a terminal MS degree with the unanimous permission of the student's Special Committee. The ACE will be structured and evaluated in an identical manner to that for PhD qualification. MS students who pass the ACE will be granted a degree without presentation of a thesis.

Final examinations may not be held earlier than one month before completion of the minimal residence requirements. The Special Committee may require any additional examination that it feels is necessary to make a valid judgment of the progress of the candidate.

58. The Examining Committee for the Final Examination consists of at least four members: a Chairperson plus the student's Special Committee. Additional members of the Faculty of the WCGSMS may also serve on the Examining Committee. The Chairperson of the candidate's Special Committee cannot serve as Chairperson of the Examining Committee. The Committee also may include outside examiners as specified in **Paragraph 62**.

59. Application for the Final Examination and the ACE must be made on forms available from the office of the WCGSMS and on its web site intranet. The results of these examinations must be reported to the office of the WCGSMS on the designated forms immediately after the examination.

60. Qualifying Examination: After a candidate has completed at least 2 units of residence credit, a committee of the major Program shall meet to determine the candidate's qualifications for continuation of graduate study. As a part of its evaluation procedure, the Program or its committee may require a Qualifying Examination. The Program or its committee shall report its decision to the Dean in writing and this report shall become a part of the candidate's record.

(1) Examination for Admission to Doctoral Candidacy (ACE)

61. Students sit for the ACE before the end of the second year. Before taking the ACE, a student may declare that he/she does not want to proceed with research. In such circumstances, the ACE becomes the final requirement to graduate with a Master of Science Degree. After passing the ACE, a student in good standing may elect to terminate his/her research training at any point and he/she will be granted a Master of Science Degree.

The ACE must consist of both written and oral parts. The passing of the ACE certifies that the student is eligible to present a dissertation to the Faculty of the WCGSMS. It may not be taken until at least 2 units of residence credit have been accumulated, and a minimum of 2 units of residence credit is required after passing this examination before the Final Examination can be scheduled.

A student is admitted to PhD candidacy after passing the ACE administered by the Examining Committee in accordance with current Regulations for the Administration of the Admission to Doctoral Candidacy Examination established by the Executive Committee. (Copies of current Regulations are obtainable from the Dean's office.)

The ACE Examining Committee is approved by the student's Program and shall consist of at least four members: a Chairperson and three members of the WCGSMS Faculty. At the discretion of the Program, the Committee may include additional examiners who are (a) knowledgeable in the student's areas of major and/or minor specializations, (b) impartial, and (c) where feasible, from academic units other than the student's Program, including other institutions. Members of the Faculty of the WCGSMS are welcome at the oral part of the examination, and they will be provided an opportunity by the Chairperson of the Examining Committee to question the student.

The determination of Pass, Table, Fail, or Pass for Master of Science Only rests exclusively with members of the Examining Committee. All members of the Committee must vote. For a student to pass the examination, or pass only for a masters degree, or fail, a majority vote is required. The ACE is tabled if the requirements of a vote to pass or fail are not met. If the ACE is tabled, a new examination must be scheduled within one year. The Examining Committee is to report its decision to the Dean in writing immediately following the examination. Faculty visitors at the oral examination are at liberty to inform the Dean in writing that they disagree with the judgment of the Committee and may request further review of the case in question. If a student fails both the written and oral portions of this examination, the Dean shall notify the student that his or her enrollment in the WCGSMS has been terminated.

Students enrolled in the Masters Program of Clinical Epidemiology and Health Services Research are not required to stand for an ACE exam. Students must satisfactorily complete all required courses and requisite electives.

(2) Final Examination for Candidates for the Degree of PhD

62. The Final Examination for the degree of PhD is oral and is designed to constitute a defense of the candidate's dissertation. Students and Faculty of the Cornell academic community are invited to attend. The public lecture will be followed by a defense of the thesis, at which attendance will be restricted to the Examining Committee and other interested members of the Faculty of the WCGS. Faculty will be provided an opportunity by the Chairperson of the Examining Committee to question the candidate after the oral presentation. The Examining Committee consists of a Chairperson approved by the Program Chairperson or Director; the candidate's Special Committee; and, if requested by the student, the Program Director, other members of the Faculty, or outside examiners.

The determination of Pass, Table or Fail rests exclusively with the members of the Examining Committee. For a student to pass or to fail the examination, it is necessary that all members of the Special Committee agree. The examination is tabled if the requirements of a vote to pass or fail are not met. If the examination is tabled, a new examination must be taken within three

months. Faculty members at an examination may inform the Dean in writing that they disagree with the judgment of the Committee and may request review by the Dean of the case in question. If the candidate fails the Final Examination, the Dean shall notify the candidate that the candidacy has been terminated. If the Examining Committee votes to table, the examination may be repeated not later than three months following the original examination.

63. The Final Examination must be passed within four years after completion of the required residence units, or after seven years from the date of first registration, whichever is sooner.

64. The student may petition the Dean for waiver of any of the examination requirements.

D. MS THESIS AND PhD DISSERTATION

65. For a PhD student the dissertation must be approved by all members of the candidate's Special Committee and must be acceptable with respect to both scholarly content and literary quality.

To fulfill the thesis requirement, students of the MS Program in Clinical Epidemiology and Health Services Research must prepare two papers which include (1) a review paper of all relevant literature associated with the student's research project and (2) a scientific manuscript of publication quality describing their research project. Both papers must be approved by the candidates' primary and secondary mentors, program director and program chairperson.

The MS Program in Clinical Investigation requires a written thesis that is approved by the Masters Examining Committee.

Students in the MS in Health Sciences for Physician Assistants students must have theses approved by the Thesis Committee (a sub-committee of the Promotion and Graduation Committee).

66. Before preparing the final copy of the PhD dissertation, the student should obtain detailed instructions from the WCGSMS office.

67. A candidate for degree of PhD must present an acceptable, originally conceived dissertation. Ordinarily the dissertation is written under the direction of the candidate's Major Sponsor or Chairperson of the Special Committee; but with the approval of all those members, the candidate may elect to write the dissertation under the direction of the representative of a minor subject or of another member of the WCGSMS Faculty, who then becomes a member of the Special Committee (**see Section XI-77**).

68. A candidate for the PhD degree must submit an outline and early draft of the dissertation to all members of the Special Committee at least six weeks before the Final Examination unless this requirement is modified by the Special Committee. At least two weeks before the Final Examination, the candidate shall provide each member of the Examining Committee with a typed copy of the dissertation which the Committee members may retain until the time of the Examination. The content and/or format of this version may be modified as a result of the Final Examination; but at the time of the Examination, it must be complete in all respects and editorially acceptable for final approval.

69. Within sixty days after the Final Examination, or by the deadline date for completing requirements for a specific conferral date, whichever occurs sooner, the candidate must submit to the WCGSMS office:

- 2 copies of the final, unbound dissertation,
- the signed "Certification of Dissertation" form,
- 3 copies of the endorsed abstract of a doctoral dissertation, and
- additional forms and agreements specified in "Doctoral Dissertation and Advanced Degree Requirements" available on the WCGSMS web site intranet.

These dissertation copies must conform in mechanics, material and format with regulations available from the WCGSMS. The Assistant Dean of the Graduate School, as an agent for the Executive Committee and the WCGSMS, must receive and approve the submitted copies and other required materials. One copy becomes an official record of the WCGSMS and will be deposited permanently in the Library of WCMC. The other copies will be forwarded to the Major Sponsor.

Copies of Masters Programs' theses or theses equivalent (literature review and scientific paper in Clinical Epidemiology and Health Services Research) will also be filed with the WCGSMS.

71. Notice of copyright by law must appear as directed in "Doctoral Dissertation and Advanced Degree Requirements" available on the WCGSMS web site intranet.

72. In conformity with the desire of the WCGSMS Faculty for the widest possible circulation and criticism of dissertations and materials, no dissertation may be classified or otherwise restricted in circulation except on specific authorization of the Executive Committee. With the approval of the Special Committee, a candidate may publish some part of the dissertation before the degree is awarded; thereafter rights to publication of the dissertation or of dissertation material belong to the author, except that he or she is requested to record in the publication that the dissertation was accepted by the WCGSMS Faculty in partial fulfillment of the requirements for the degree.

73. Dissertation abstracts must be provided as directed in "Doctoral Dissertation and Advanced Degree Requirements" available on the WCGSMS web site intranet.

XI. Special Committees

74. In Programs leading to the degree of PhD, the Special Committee is regarded as the agent primarily responsible for the candidate's development. Members of the University Faculty resident at the Ithaca campus may serve as members of Special Committees for MS or PhD graduate students.

The Special Committee is expected to act as a committee, under the leadership of the Chairperson, for the purpose of developing the candidate's independence in scholarship. Annual Special Committee meetings are a requirement of WCGSMS and both the Major Sponsor and student are responsible for scheduling such meetings. Failure to comply with the annual Special Committee meeting requirement may result in the dismissal of the student or disqualification of the Major Sponsor. Evaluation forms are to be submitted to the Registrar following each meeting, reporting the student's progress. Other regulations of the WCGSMS Faculty are designed to assist, not to curb, the Special Committee in carrying out its responsibility. Special Committees may profitably avail themselves of the judgment, assistance, or advice of a larger group to the extent that they consider it helpful.

Committees within the Masters Programs fulfill parallel functions.

75. There are no regulations of the WCGSMS Faculty governing the specific content of instruction, courses, or grades to which Special Committees must subscribe, except those established by the Program. It is the prerogative of Special Committees to impose any requirements which they deem educationally sound over and above the General Requirements (**see Section X**).

76. A candidate shall select the members of his or her Special Committee with the approval of the Program Director, from the current roster of the WCGSMS Faculty. Since it is the policy of the WCGSMS to protect and encourage responsible individual instruction by members of Special Committees, Faculty members should judge their commitment carefully and not accept membership on Special Committees beyond those that they can handle with due consideration for this policy and their own responsibilities. Each Program may establish written requirements for the composition of Special Committees.

77. The Special Committee includes the candidate's Major Sponsor and two other Faculty members selected by the student with the advice and consent of the Major Sponsor. They may represent one or several Programs. Members of the Special Committee must be nominated by the student and approved by the Program before the middle of the second year of residence in the WCGSMS. A temporary advisor in the student's Program will be appointed during the first few weeks of residence to guide the student in the choice of laboratory rotations, courses and selection of a permanent sponsor.

In the Clinical Epidemiology and Health Sciences Research Program, the Special Committee shall include the candidate's primary and secondary mentors, the Program Director, and the Program Chairperson.

In the Clinical Investigation Program, the Special Committee shall include an assigned Associate Program Director and the student's mentor.

The Physician Assistants Program Special Committee is the student's Thesis Committee, approved by the WCGSMS.

78. Members of a Special Committee (or similar MS committee) should avail themselves of the privilege of requesting an addition or substitution on the Committee when, in their opinion, they are not completely qualified to judge a thesis or dissertation and examine a candidate thereon.

79. Any Faculty member may resign at any time from a Special Committee. A candidate may also request a change in the membership of his or her Special Committee with the approval of the Major Sponsor. Notice of such change must be filed immediately with the Dean. A vacancy on a Special Committee, caused by the absence of a member from the WCGSMS, may be filled on recommendation of the candidate and the members concerned. Whenever the Major Sponsor declines to serve further because of unsatisfactory work of the student, the Program Chairperson shall review student progress and recommend a course of action, including but not limited to a Special Committee meeting to determine whether probationary status or dismissal are warranted. In the event a dismissal determination is made, the student may appeal such decision to the Dean.

80. Forms for nomination of the PhD Special Committee or change of Committee membership are available on the WCGSMS web site intranet. When a Committee member is on sabbatical or other leave of absence, the candidate must immediately report to the Dean with a view to arranging appointment of an alternate Committee member.

Procedural information and the nomination form for the Thesis Committee in the MS in Health Sciences for Physician Assistants Program are available from the Program office.

XII. PhD Graduate Student Evaluations

81. WCGSMS requires an annual evaluation of the student by the Special Committee. These meetings will serve to inform the Special Committee and the Program of the candidate's progress.

Since these evaluations constitute the only basis for an official record of progress in candidacy, the Associate Dean is authorized, in instances when an evaluation cannot be secured from a Special Committee in due course, to prepare such a report on the basis of his or her own investigation.

Evaluation forms and instructions for first- and second-year-students and for third-year-and above are available on the WCGSMS web site intranet. Completed evaluation forms must be returned to the WCGSMS Registrar.

XIII. Registration in the WCGSMS

82. At the beginning of each term, all students are required to register with the office of the Associate Dean of the WCGSMS.

83. A PhD candidate who finds it necessary to interrupt the continuity of his or her residence or registration must petition the Dean for an official leave of absence, stating the reason for the request. The candidate shall have made the Program Director aware of the petition and shall have received approval from the Major Sponsor. This written petition must state the reason for the requested absence and estimate the length of the leave. If the leave is for medical reasons, the petition must be accompanied by a letter from a physician recommending the leave for the student and estimating the length of the leave. The Dean may grant or deny the petition. To return from the leave of absence, the student must petition the Program Director, the Program Chairperson(s) and the Dean asking to return to full-time graduate student status. If the leave was granted for medical reasons, the student must also present a letter from a physician stating that the student is deemed fit to return to normal graduate student activities (coursework, laboratory research and interactions) in order to return to full-time graduate student status.

In the case of a student in one of the inter-institutional Program, any petition for a leave should be discussed also with the Director of the inter-institutional Program.

84. A student who has fulfilled all degree requirements, with the possible exception of the thesis or dissertation defense and final thesis or dissertation submission is classified as *Candidate for Degree Only*, which is in effect until graduation.

85. The Faculty of the WCGSMS does not allow any student in residence to register for an advanced general or professional degree with any other school or college.

86. Registration in the WCGSMS is the responsibility of the Associate Dean. Registration is required quarterly during time periods prescribed on the WCGSMS Academic Calendar and is completed through the WCGSMS web site. (Students in the MS in Health Sciences for Physician Assistants Program register on semester cycles.)

XIV. Policies and Procedures for Transfer/Dismissal of a Student in the PhD or MS Programs

87. Each Program of Study shall prescribe academic performance standards which, along with the Standards of Conduct of the WCGSMS (**see Appendix III**), compose the requirements by which the student shall maintain "good standing." The Program shall make its students aware of such standards; and establish review and probation procedures for use when a student's adherence to, or violation of, the standards is called into question. The Program also shall prescribe procedures for removal from probation and reinstatement in "good standing" in the Program, in concert with WCGSMS procedures described in **Paragraph 88**.

A student is in good standing unless:

1a. the WCGSMS requirement of passing all courses is not met.

i. the student receives a Fail in any required course or required elective.
ii. the student receives a Fail in Journal Club/Seminar.
iii. the student receives an Unsatisfactory in a laboratory rotation.
iv. the student receives a Fail in the first year examination (if given).

1b. the student receives a Low Pass in any course or Journal Club/Seminar and the Program, upon evaluating the student's overall performance, concludes the student is not performing adequately. The Program decides how to evaluate the overall academic performance and the significance of any Low Pass grades.

2. After passing the ACE, the student is not making adequate academic progress as determined by the student's Special Committee.

3. The student violates the Standards of Conduct of the WCGSMS (**see Appendix III**).

88. A student who is determined not to be in good standing may be placed on probation by the Program of Study. A student on probation must meet within one week with the Program Director to discuss the requirements and likelihood of regaining good standing. A formal, written review of the student's performance must occur at the end of the academic year but may occur during the year if the student's performance is sufficiently poor to warrant immediate attention. A formal letter of reinstatement to good standing from the Program Director must be received by the Dean before a student's probation is lifted.

89. The student may petition the Dean to create a Committee of Review to re-evaluate the recommendation for probation in order to allow a student to transfer from one Program to another (**see Paragraph 90**). This committee will be composed of three Faculty members from other Programs. The decision to form a Committee of Review will be made by the Dean after his review of the student's performance and/or after discussion with the student. The Committee of Review will submit a written report that describes the reasons for its decision. If the Dean decides to allow the student to be re-instated in "good standing", the Dean will help the student transfer to another Program.

90. **Transfer Policy for PhD Students**. Only a student in good standing may transfer from one Program to another. A student on probation or not in good standing may not transfer to another Program. Transfer requires the agreement of the Chairperson(s) of the Program in which the student is currently enrolled, the Directors of the Programs the student is currently enrolled and transferring to, as well as the Dean. Within 10 days after having been informed in writing by the student of his or her intention to leave the Program, the Director of the current Program will forward a written acknowledgment of transfer to both the student and the Dean. Written acceptance must be offered by the Program to which the student intends to transfer, after the Director of the current Program acknowledges the intent to transfer as described above.

It is WCGSMS' policy that a student is allowed to perform his/her dissertation research in the laboratory of any member of the WCGSMS Faculty, even if the Major Sponsor is not a member of the student's Program. The Program must honor the student's choice of research sponsor while allowing the student to continue in that Program.

Under extraordinary circumstances, especially early during the first year of a student's tenure, the Program may advise the student to transfer to another Program.

Transfer Policy for PhD Students from Other Institutions. Students who wish to continue their PhD studies with Faculty recruited to WCMC or SKI may apply for admittance to the WCGSMS. The Program of Study to which the student applies reviews the application and may recommend acceptance of the student to the Dean. The Dean reviews such recommendations and accepts or denies students. Faculty joining the Weill Cornell Medical College or SKI are responsible for stipend and fee support for their accepted transfer students.

91. **Dismissal Policy for PhD Students.** A recommendation for dismissal is made by the Chair(s) of the Program to the Dean in writing. Dismissal is recommended when a student who is on probation fails to improve his/her performance to a level deemed satisfactory by the Program Faculty. The student must meet with the Program Director and be informed of the recommendation for dismissal in person at the time it is submitted to the Dean. Under extraordinary circumstances, the Dean may elect to form a Committee of Review to re-evaluate the recommendation for dismissal. This committee will be composed of three Faculty members from other Programs. The decision to form a Committee of Review will be made by the Dean after his review of the student's performance and/or after discussion with the student. The Committee of Review will submit a written report that describes the reasons for their decision. If the Dean decides not to act upon the recommendation for dismissal, the Dean will help the student transfer to another Program.

A recommendation for dismissal may be made at any time for a violation of the behavioral standards of the WCGSMS (**see Appendix III Standards of Conduct**).

92. **Transfer Policy for the Masters Programs.** Transfer from other WCGSMS Programs to either the Masters Program in Clinical Epidemiology & Health Services Research or the Masters Program in Health Sciences for Physician Assistants is not an option.

93. Dismissal Policy for the Masters Programs

Clinical Epidemiology and Health Services Research: a) Review Process: Each student's primary and secondary mentors judge the student's satisfactory progress toward a degree. The Special Committee reviews the course work, grades and progress on the research project of each student at the end of each term. The candidates' in-class performance is reviewed, and submitted written homework for each of the classes is reviewed, and graded (Honors, High Pass, Low Pass, Fail, or Incomplete) by the course teacher. Remedial assignments and individual tutoring are available for any candidate who has difficulty successfully completing the assignments. Each candidate must complete each assignment satisfactorily to pass the course. The final assignments for each course present problems that require understanding and synthesis of the basic concepts and skills covered in the course. These final assignments provide an assessment of the candidate's grasp of the course content.

The minimum requirement is 35 satisfactorily completed credits, including the 21 credits of 12 required courses. The student is also required to complete an approved thesis project and prepare a paper for publication which will meet the thesis requirement. In certain cases, a thesis paper may be acceptable.

b) Dismissal Protocol: The Special Committee reviews course work, grades and research project progress at the end of each term. If a student is unable to satisfactorily complete the required courses despite remedial instruction and Programs, or is unable to satisfactorily progress on their research project, the Special Committee may recommend dismissal. In this case, the Clinical Epidemiology and Health Services Research Masters Program Special Committee will vote on the dismissal. Should this Committee have a majority vote in favor of dismissal, the Chair of the Program will recommend dismissal to the Dean in writing. The student must meet with the Program Chair and Director and be informed of the recommendation for dismissal in person at the time that it is submitted to the Dean.

Clinical Investigation Program: A Special Committee of mentors and Associate Program Directors reviews coursework, grades and progress reports. The Committee convenes with the Multi-Disciplinary Inter-Institutional Program Advisory Committee to discuss and vote on student dismissal.

Health Sciences for Physician Assistants: The dismissal procedures and protocol are available at: http://weill.cornell.edu/education/programs/phy_stu.html.

A recommendation for dismissal from any Masters Program may be made at any time for a violation of the Standards of Conduct of the WCGSMS (**see Appendix III**).

XV. PhD Courses, Registration and Grading

94. The WCGSMS is not a course-offering agency, and courses and course credits are not directly a part of Programs leading to advanced general degrees at Cornell University. The Cornell Faculty has never formally differentiated between undergraduate and graduate courses offered by department, schools, and colleges; nor has it regulated the type or number of courses which a graduate student may take. The Special Committee of a candidate for an advanced general degree, or the advisor for a candidate who has not designated a Special Committee, is the sole judge of whether he or she can efficiently prepare for its requirements by formal participation in, or by visiting, courses or seminars. On recommendation of the Special Committee or Major Sponsor and with consent of the instructor, such graduate students may register for any course offered by any department, school, or college. Completion of courses creates no necessary presumption that the student's progress for the term has been satisfactory;

this judgment is rendered only by the Special Committee, and is recorded on the Graduate Student Evaluation Form (**see Section XII**).

95. At the beginning of each term, the student is required to register for coursework or research. Any changes in course registration, including cancellations, additions, and other corrections, must be reported immediately to the office of the WCGSMS and filed there.

Lists and descriptions of courses for inclusion in the *Catalog* and/or the WCGSMS web site should be transmitted through the Program Directors to the WCGSMS registrar as the changes occur.

96. Students register in courses for credit. "Credit" means full class participation under conditions determined by the Program, department, school, or college offering the course. Graduate students registered for "credit" in courses designed primarily for undergraduates shall not be relieved from the requirements of attendance and examination, or from any other requirements to which undergraduates are subject, except by permission of the instructor of the course. Courses taken for credit will be recorded in the students' official transcripts.

97. The members of the instructing staff shall report to the Dean or Associate Dean of the WCGSMS the grades of graduate students taking courses with them by H (Honors), HP (High pass), LP (Low pass), F (Fail), I (Incomplete). A grade of Incomplete cannot be removed after the expiration of one year following that in which the course was taken for courses offered annually, or after two years for courses offered in alternate years.

98. The Associate Dean of the WCGSMS maintains the permanent record of course registration and grades, and issues official transcripts of such records.

99. Special provision for participation in off-campus course work to complement graduate study can be made. The responsibility for the work of graduate students is assumed by the members of the Special Committee. Record of such off-campus instruction will be made only on receipt of an official report or transcript from the college or university at which such instruction was taken. It is the student's responsibility to make the necessary arrangements for registration in off-campus courses and for reports or transcripts to the WCGSMS.

XVI. Financial Assistance

100. Fellowships and stipends are awarded to qualified applicants in the PhD Programs. The holder of a fellowship and/or stipend may not accept any other appointment or any employment without prior approval of the Dean.

XVII. Tuition and Other Fees

101. Tuition and other fees are established by the Board of Trustees of Cornell University and may be changed at any time without previous notice.

102. In a PhD Program, tuition and a general comprehensive fee covering library usage, student health insurance, and other accessory items must be paid by, or on behalf of, all students registered in the WCGSMS as candidates for advanced degrees.

103. Payments for tuition and fees are collected by Weill Cornell Medical College.

XVIII. The Weill Cornell Graduate School of Medical Sciences *Catalog*

104. The Executive Committee is authorized to arrange for the publication of a periodical to be known as the *Catalog* of the Graduate School of Medical Sciences or for other publication of necessary information about the WCGSMS.

XIX. Modifications and Amendments to the Code of Legislation

105. Proposed changes and amendments to the Code of Legislation of the Faculty of the WCGSMS shall be submitted in writing to the Executive Committee of the WCGSMS. The members of the EC shall then forward copies of the proposed changes or amendments to the faculties in their respective Programs. The proposed changes or amendments shall be reviewed by the Faculty members of each Program and their comments and suggestions reported by the Program Chairpersons at the next meeting of the EC. In order to be adopted, a proposal for modification or amendment must have the affirmative vote of two-thirds of the Program Chairpersons recording their votes at this or the subsequent meeting. A change or amendment to the Code becomes effective immediately following approval by the EC.

Appendix I-1. Policy and Procedures Governing Research Integrity

This policy applies to allegations of research misconduct (as defined below) involving a person who at the time of the alleged research misconduct was employed by, was an agent of, or was affiliated by contract or agreement with Weill Cornell Medical College (WCMC) and/or Weill Cornell Graduate School of Medical Sciences (WCGSMS) (collectively, the "Institution"). Accordingly, the policy shall apply to all faculty, non-faculty academic staff, non-academic staff, medical and graduate students and graduate trainees who are engaged in the conduct of research, regardless of the source of funding, if any. For individuals holding primary faculty appointments at another institution, this document applies only to those functions performed as members of the faculties of WCMC or WCGSMS.

This policy applies to all allegations of research misconduct that occurred within six (6) years before the date of the allegation. However, exceptions to the six (6) year time frame may apply in instances where the Institution determines that the alleged misconduct, if it occurred, could have a substantially adverse effect on the health or safety of the public; if the respondent (as defined herein) continues or renews any incident of alleged research misconduct through the citation, republication or other use for his or her potential benefit; or under certain grandfather exceptions set forth under relevant laws.

I. PREAMBLE

Truth, integrity, and credibility are critical and distinctive principles of any educational and research institution. Adherence to these principles is essential for the efficient progress of scientific research and to preserve the trust of the public in the research community. The maintenance of accepted standards in research based on these principles is highly regarded by the scientific community and is a major responsibility of WCMC and the WCGSMS. Consequently, these institutions must set standards and procedures for their members in order to preserve truth, integrity, and credibility in research, to prevent research misconduct, and to deal efficiently and fairly with allegations or other indications of research misconduct. At all levels of the Institution, support for quality rather than quantity of research should be stressed.

II. DEFINITIONS

A. For the purposes of this policy, research misconduct is defined as scientific misconduct (as defined in Section (II)(A)(1) below) and other conduct that seriously deviates from acceptable research practices.

1. **Scientific misconduct** is generally defined as any act that violates the standards of integrity in proposing, performing or reviewing research or in reporting research results. Such acts include, but are not limited to:

    - **Fabrication** means the making up of data or results and recording or reporting them.

    - **Plagiarism** means the appropriation of another person's ideas, processes, results or words without giving appropriate credit.

    - **Falsification** means the manipulation of research materials, equipment or processes or changing or omitting data or results such that the research is not accurately represented in the research record.

2. **Other conduct that seriously deviates from acceptable research practices.** Examples of conduct that seriously deviates from acceptable research practices include:

   - **Abuse of Confidentiality** means misuses of confidential information or failure to maintain the confidentiality of such information, e.g., "stealing" of information obtained through review of research proposals, manuscripts, etc.

   - **Violation of pertinent federal or institutional regulations and ethical codes**, e.g. those involving the protection of human subjects and the welfare of laboratory animals.

   - **Aiding or Facilitating** acts of academic dishonesty by others.

   - **Breaches of research integrity** other than those enumerated above that seriously deviate from those that are commonly accepted in the research community for proposing, conducting, reviewing or reporting research.

Honest error or honest differences in interpretation or judgment of data are not regarded as research misconduct.

B. Other Definitions:

1. **Allegation** means a disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to the institutional research integrity officer.

2. **Complainant** means a person who in good faith makes an allegation of research misconduct.

3. **Deciding Official (DO)** means the institutional official who makes final determinations on allegations of research misconduct and any institutional administrative actions. This person shall be the Dean of the WCGSMS.

4. **Evidence** means any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

5. **Good faith**, as applied to a complainant or witness, means having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant's or witness's position could have based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to a committee member means cooperating with the purpose of helping an institution meet its responsibilities under this policy.

6. **Inquiry** means preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures set forth herein.

7. **Institutional member** means a person who is employed by, is an agent of, or is affiliated by contract or agreement with WCMC or WCGSMS. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, students, volunteers, agents, and contractors, subcontractors, and subawardees, and their employees.

8. **Investigation** means the formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct which may include a recommendation for other appropriate actions.

9. **Reportable Scientific Misconduct** means fabrication, falsification or plagiarism in proposing, performing or reviewing research or in reporting research results, when such activities involved the use of funds from the federal public health service.

10. **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.

11. **Records of research misconduct proceedings** means: (1) the research records and evidence secured for the research misconduct proceeding pursuant to this policy, except to the extent the Research Integrity Officer determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that have been retained; (2) the documentation of the determination of irrelevant or duplicate records; (3) the inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate; (4) the investigation report and all records (other than drafts of the report) in support of the report, including the recordings or transcripts of each interview conducted; and (5) the complete record of any appeal.

12. **Research Integrity Officer (RIO)** means the institutional official responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, and warrant an inquiry; (2) overseeing inquiries and investigations; and (3) the other responsibilities described in this policy. This person shall be the Associate Dean of Research Integrity and is reachable at researchintegrity@med.cornell.edu.

13. **Research record** means the record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to a government agency or an institutional official by a respondent in the course of the research misconduct proceeding.

14. **Respondent** means the person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

15. **Retaliation** means an adverse action taken against a complainant, witness, or committee member by this institution or one of its institutional members in response to (1) a good faith allegation of research misconduct; or (2) good faith cooperation with a research misconduct proceeding.

III. GUIDING PRINCIPLES FOR PRESERVING RESEARCH INTEGRITY

The administration, faculty, students, and other staff all share in the responsibility for preserving research integrity and preventing research misconduct. Together they must create an atmosphere that promotes high ethical standards and fosters honest research. Within this framework, it is the Institution's obligation to establish standards and responsibilities for its members, and to hold its members accountable for transgression of this policy. Faculty and students are required to follow the Institution’s Standards of Ethical Conduct. The Institution considers violation of the tenets described under the "Preamble" to represent a major breach of contract between the faculty or staff member and the Institution. Mechanisms for dealing with instances of alleged research misconduct are described herein. Institution and its members will implement the policy in a manner consistent with the spirit of sustaining an atmosphere of research integrity, and in accordance with all applicable laws, rules and policies.

A. Responsibility to Report Misconduct

All institutional members will report observed, suspected, or apparent research misconduct to the RIO. Any institutional official who receives an allegation of research misconduct must report it immediately to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the RIO at researchintegrity@med.cornell.edu or call 212-821-0612 to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations.

B. Cooperation with Research Misconduct Proceedings

Institutional members shall cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other institutional officials. In research misconduct proceedings that involve Reportable Scientific Misconduct, institutional members shall cooperate with the relevant government agencies.

C. Confidentiality

The identity of respondents and complainants shall be limited to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding. Except as otherwise prescribed by law, the disclosure of any records or evidence from which research subjects might be identified shall be limited to those who need to know in order to carry out a research misconduct proceeding. Written confidentiality agreements or other mechanisms may be used to ensure that the recipient does not make any further disclosure of identifying information.

D. Protecting Complainants, Witnesses, and Committee Members

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

E. Protecting the Respondent

As requested and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made. The RIO is responsible for ensuring that all the notices and opportunities provided for in this policy, and when relevant, appropriate federal regulations, are provided to respondents.

F. Interim Administrative Actions

Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds, and equipment, or the integrity of research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and, if the allegations involve Reportable Scientific Misconduct with the Health and Human Services Office of Research Integrity ("ORI"), take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of, if applicable, federal funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding that involves Reportable Scientific

Misconduct, notify ORI immediately if he/she has reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects. The Chairperson(s) of the IRB and/or IACUC, as well as the institutional official(s) responsible for this/these Committee(s) shall be promptly notified of such action;
- HHS resources or interests are threatened;
- research activities should be suspended;
- there is a reasonable indication of possible violations of civil or criminal law;
- federal action is required to protect the interests of those involved in the research misconduct proceeding;
- the research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
- the research community or public should be informed.

G. Maintaining Records

The Institution will maintain records of research misconduct proceedings in a secure manner for seven (7) years after completion of the proceeding. In cases that involve Reportable Scientific Misconduct, the Institution will also maintain such records in a secure manner for seven (7) years after the completion of any PHS proceeding involving the research misconduct allegation and must provide any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation or of the Institution's handling of such allegation.

H. Termination or Resignation before Completing Inquiry or Investigation

The termination of the respondent's institutional employment or affiliation, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the Institution's responsibilities under this policy. If the respondent, without admitting to the research misconduct, elects to resign his or her position after Institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

IV. Specific Responsibilities

A. Responsibilities of Faculty and Other Institutional Members

- Upholding intellectual honesty is the responsibility of all institutional members, especially scientific leaders and laboratory directors. These individuals must set the example by maintaining the highest ethical standards, encouraging open communication within and amongst laboratories and laboratory workers, and instituting procedures for self-regulation and peer review of ongoing research. Faculty and staff are urged to discuss research ethics to heighten awareness of these issues.

- Laboratory directors and scientific leaders must accept special responsibility for the appropriate supervision and teaching of other staff and students, and ultimately must assume responsibility for the validity of all research communications emanating from their laboratories.

- Carefully recorded experimental protocols and methods are strong deterrents to research misconduct. It is the responsibility of the researcher to ensure that records are maintained to adequately document the work performed.

- Faculty and staff members should insist on the appropriate accreditation of authorship for their own work and should cite appropriate references to research performed outside their laboratories. The contributions of other investigators should be appropriately acknowledged in all scientific publications. Authorship should be attributed only to those individuals who have contributed significantly to the research, have reviewed the manuscript critically, and who are prepared to support the validity of the data presented.

- The faculty and other Institutional members should report to the RIO observed, suspected, or apparent research misconduct or any allegations of research misconduct that are brought to their attention.

- Faculty and other Institutional members should understand their obligations to report observed research misconduct and shall cooperate with research misconduct proceedings.

- Department Chairpersons have primary responsibility for the academic activities of members of their departments, including the responsibility to maintain appropriate standards of research integrity and shall cooperate with research misconduct proceedings.

B. Responsibility of the RIO

The DO will appoint the RIO who will have primary responsibility for implementation of the Institution's policies and procedures on research misconduct. The RIO will be an institutional official who is well qualified to administer the procedures and is sensitive to the varied demands made on those who conduct research, those who are accused of research misconduct, those who make good faith allegations of research misconduct, and those who may serve on inquiry and investigation committees.

The responsibilities of the RIO include the following duties related to research misconduct proceedings:

- consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;

- receive allegations of research misconduct;

- assess each allegation of research misconduct in accordance with this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;

- as necessary, take interim action and notify ORI of special circumstances, in accordance with Section III.F. of this policy;

- sequester research data and evidence pertinent to the allegation of research misconduct in accordance with Section V.C. of this policy and maintain it securely in accordance with this policy and applicable law and regulation;

- provide confidentiality to those involved in the research misconduct proceeding as required applicable law and institutional policy;

- notify the respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports in accordance with this policy;

- inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;

- determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;

- in cooperation with other institutional officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other institutional members;

- keep the DO and others who need to know apprised of the progress of the review of the allegation of research misconduct;

- notify and make reports to ORI as required by applicable law;

- ensure that administrative actions, taken by the Institution and, when applicable, ORI, are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and

- maintain records of the research misconduct proceeding and when applicable make them available to ORI in accordance with this policy.

C. Responsibilities of Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. Ordinarily, the complainant will be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must be interviewed during an investigation, and be given the transcript or recording of the interview for correction.

D. Responsibilities of Respondent

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent is entitled to:

- a good faith effort from the RIO to notify the respondent in writing at the time of or before beginning an inquiry;

- an opportunity to comment on the inquiry report and have his/her comments attached to the report;

- be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of the institution's policies and procedures on research misconduct;

- be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the Institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;

- be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;

- in instances of Reportable Scientific Misconduct, consult with counsel or a personal advisor of his or her own choosing and at his or her own expense and any such counsel or advisor, when interacting with the Institution, will serve in an advisory (as opposed to representative) capacity only;

- have interviewed during the investigation witnesses who have been reasonably identified by the respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and

- receive 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 be notified that any comments must be submitted within thirty days of the date on which the copy was received and that the comments will be considered by the Institution and addressed in the final report.

The respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and the Institution's Office of University Counsel, the DO may terminate the Institution's review of an allegation if the respondent admits the research misconduct or if a settlement has been reached or for any other reason. When appropriate, the Institution will, pursuant to relevant federal regulations, inform ORI of its termination of review. The respondent will have the opportunity to request an institutional appeal of a determination of research misconduct.

E. Deciding Official

The DO will consult with the RIO in assessing an allegation. The DO will also receive the inquiry report and after consulting with the RIO, decide whether an investigation is warranted. Any finding that an investigation is warranted must be made in writing by the DO and must, in cases that involve Reportable Scientific Misconduct, be provided to ORI, together with a copy of the inquiry report within 30 days of the finding.

The DO will appoint the individual(s) to conduct the inquiry ("Inquiry Committee") and investigation ("Investigation Committee"), ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence.

The DO will receive the investigation report and, after consulting with the RIO and other appropriate officials, decide the extent to which the Institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. In instances that involve Reportable Scientific Misconduct, the DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed administrative action are provided to ORI, as required by applicable law.

V. PROCEDURES: CONDUCTING THE ASSESSMENT AND INQUIRY

A. Allegations

Any report of alleged or apparent research misconduct should be brought immediately to the attention of the RIO who will promptly, in consultation with the DO, assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified and whether the allegation falls within the definition of research misconduct in this policy. An inquiry must be conducted if these criteria are met. In the event that the RIO and DO disagree as to whether the

inquiry should be conducted, an inquiry will be conducted. If the allegation involves the safety of human and/or animal subjects in research, then the RIO shall promptly bring the allegation to the attention of the Chairperson (s) of the Institutional Review Board (IRB) and/or of the Institutional Animal Care and Use Committee (IACUC) as well as the institutional official (s) responsible for this/these Committee(s). The DO, RIO, IRB Chair and/or IACUC Chair will determine whether review by the IRB or IACUC shall constitute the assessment or inquiry process required under this policy.

The assessment period should be brief. In conducting the assessment, the RIO may, but need not, interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO shall, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in paragraph C of this section. If the RIO and DO determine that an inquiry need not be conducted, the DO may direct that the respondent engage in appropriate activities, such as taking the Tri-Institutional course on responsible conduct in research or its equivalent.

B. Initiation and Purpose of the Inquiry

If the RIO determines that the criteria for an inquiry are met, he or she shall promptly initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation. An investigation is warranted if there is a reasonable basis for concluding the allegation falls within the definition of research misconduct and the preliminary information gathering and fact finding from the inquiry indicates that the allegation may have substance.

C. Notice to Respondent; Sequestration of Research Records

At the time of or before beginning an inquiry, the RIO will make a good faith effort to inform the respondent of the allegations in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. The RIO will also inform the faculty or staff member responsible for the respondent and such faculty or staff member should in turn notify the relevant department chairperson of the allegation promptly. If the respondent is a student, RIO will also inform the appropriate academic official.

On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO will take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that 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.

D. Appointment of the Inquiry Committee

The DO, in consultation with other institutional officials as appropriate, will appoint an individual or an ad hoc inquiry committee and committee chair within ten days of the initiation of the inquiry or as soon thereafter as practical. The inquiry committee will consist of individuals selected from among the faculty and administration who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. Such individual(s) must be objective, impartial, and fair.

The RIO will notify the respondent of the names of the individual(s) solicited to conduct the inquiry. The respondent may raise objections to the individual(s) conducting the inquiry on the basis of unresolved conflicts of interest and within ten days from the date that the RIO communicates the Inquiry Committee composition to the respondent. The RIO shall consider these objections and make the final determination of whether a conflict exists.

E. Charge to the Inquiry Committee and First Meeting

The RIO will prepare a charge for the Inquiry Committee that:

- sets forth the time for completion of the inquiry;
- describes the allegations and any related issues identified during the allegation assessment;
- states that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- states that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct provided in this policy and (2) the allegation may have substance, based on the committee's review during the inquiry; and
- informs the Inquiry Committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy and applicable law.

At the Inquiry Committee's first meeting, the RIO will review the charge with the Inquiry Committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO will be present or available throughout the inquiry to provide advice as needed.

F. Inquiry Process

The Inquiry Committee shall conduct a prompt inquiry into the alleged misconduct, affording the respondent an opportunity to comment on the allegations, and prepare a written report including full documentation of the proceedings of the inquiry. The inquiry will generally involve interviewing the complainant, the respondent, and key witnesses, as well as examining relevant research records and materials. Evidence will then be evaluated including the testimony obtained during the inquiry.

The inquiry report shall include the following information: (1) the name and position of the respondent, (2) a description of the allegations of research misconduct, (3) whether the alleged misconduct involved PHS support and information regarding that support, (4) the basis for recommending or not recommending that the allegations warrant an investigation, (5) comments on the draft report by the respondent or complainant, (6) the evidence reviewed and (7) summary of relevant interviews. A complete record of the proceedings of the inquiry shall be maintained and forwarded to the DO together with the written inquiry report. It should be noted that this record, in whole or in part, may be provided to authorized agencies.

The RIO shall notify the respondent whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 days, and include a copy of these Policies and Procedures Governing Research Integrity. The RIO may notify the complainant whether the inquiry found an investigation to be warranted and provide relevant portions of the inquiry report to the

complainant for comment within 10 days of receipt. The complainant shall execute a confidentiality agreement prior to receiving a copy of the inquiry report. Any comments that are submitted will be attached to the final inquiry report. Based on the comments, the Inquiry Committee may revise the draft report as appropriate and prepare it in final form. The Inquiry Committee will deliver the final report to the RIO.

The proceedings of the inquiry will be kept confidential and will not be disclosed except as necessary to facilitate a complete and comprehensive investigation, or as required by applicable federal, state or other agency regulations. If the allegation involves use of human and/or animal subjects in research then the Chairperson (s) of the IRB and/or IACUC, as well as the institutional official (s) responsible for this/these committees, shall be provided with the report of the inquiry.

Based upon the findings of the inquiry, the DO will decide whether it is necessary to undertake a formal investigation and whether interim administrative action is necessary and appropriate. If the DO determines that a formal investigation is necessary, and if the allegation involved Reportable Scientific Misconduct, the RIO will provide ORI with the DO's written decision and a copy of the inquiry report within 30 calendar days of the DO's decision that an investigation is warranted. Additionally, in such cases, the RIO must provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation. The RIO will also notify those institutional officials who need to know of the DO's decision.

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for seven years after the termination of the inquiry sufficiently detailed documentation of the inquiry and of the reasons why an investigation was not conducted. If the allegations involved Reportable Scientific Misconduct, these documents must be provided to ORI or other authorized HHS personnel upon request.

G. Time for Completion of Inquiry

The inquiry, including the preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within sixty calendar days of initiation of the inquiry. If the RIO determines that the circumstances warrant longer than sixty days to complete, the inquiry report should include documentation of the reasons for exceeding the sixty-day period.

VI. PROCEDURES: THE INVESTIGATION PROCESS

A. Initiation

The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted.

B. Notice

On or before the date on which the investigation begins, the RIO must notify the respondent in writing of the allegations to be investigated. If the investigation involves Reportable Scientific Misconduct, the RIO must at the same time notify the ORI Director of the decision to begin the investigation and provide ORI a copy of the inquiry report. The RIO must also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

C. Records

The RIO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. Where the research records or evidence encompass scientific data, notebooks, or 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. The need for additional sequestration of records for the investigation may occur for any number of reasons, including Institution'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. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

D. Composition of Investigation Committee

The DO shall name an individual or an ad hoc committee and a committee chair to hear the formal charges against the respondent within ten days of the beginning of the investigation or as soon thereafter as practical. The Investigation Committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the necessary and appropriate scientific expertise to carry out a thorough and authoritative evaluation of the evidence reviewed, evaluate issues related to the allegation, interview the respondent and complainant and conduct the investigation. The committee will also include person(s) reasonably knowledgeable about federal and institutional regulations applicable to research involving human and/or animal subjects when such issues are involved in the allegation. The respondent will be informed of the proposed composition of the committee and will have the opportunity to raise objection to individual appointees on the basis of unresolved conflicts of interest within 10 calendar days of receiving notice of the composition. The DO shall consider the objections and make a final determination as to whether a conflict exists.

E. Responsibilities of Investigation Committee

The committee shall fully investigate and document the charges set forth, and recommend appropriate action based on an examination of all research recordings and evidence relevant to reaching a decision on the merits of each allegation. Since the committee's findings will serve as a factual basis for its recommendation and for any disciplinary action against the respondent, the Committee must take reasonable steps to ensure an impartial, unbiased, and thorough investigation to the maximum extent possible. The committee shall create a detailed record of the proceedings including but not necessarily limited to relevant research data and proposals, publications, correspondence, and memoranda of telephone calls. Interviews shall be conducted of all complainant(s) or respondent(s), as well as other available individuals reasonably identified as having information regarding the allegations, including witnesses identified by respondent(s). Recordings or transcriptions of these interviews must be prepared and provided to the interviewed party for comment or revision, and included as part of the record of the investigation file. The investigation will also 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 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.

F. Charge to the Investigation Committee and the First Meeting

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;

- identifies the respondent;

- informs the committee that it must conduct the investigation as prescribed in this section;

- defines research misconduct;

- informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;

- informs the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent committed the research misconduct intentionally, knowingly, or recklessly; and

- informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy.

The RIO 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 policy, and if the allegation involves Reportable Scientific Misconduct, a copy of the relevant federal regulations. The RIO will be present or available throughout the investigation to advise the committee as needed.

G. Elements of the Investigation Report

The Investigation Committee and the RIO are responsible for preparing a written draft report of the investigation that:

- describes the nature of the allegation of research misconduct, including identification of the respondent;

- in investigations that involve Reportable Scientific Misconduct, describes and documents the PHS support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing PHS support;

- describes the specific allegations of research misconduct considered in the investigation;

- includes the institutional policies and procedures under which the investigation was conducted, unless, in cases that involve Reportable Scientific Misconduct, those policies and procedures were provided to ORI previously;

- identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed;

- includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, or other practices defined as research misconduct under this policy and whether such research misconduct was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any

reasonable explanation by the respondent, including any effort by respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion; (3) if applicable, identify the specific PHS support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) if applicable, list any current support or known applications or proposals for support that the respondent has pending with non-PHS federal agencies; and

- includes recommendations for the DO of appropriate disciplinary actions, which may include, but not be limited to:

    - notification to the sponsoring agency of the findings of the investigation and appropriate restitution of funds as required;

    - withdrawal of all pending abstracts and publications emanating from the research in question and notification to the editors of journals in which previous abstracts and paper have appeared;

    - notification to other institutions and sponsoring agencies with which the respondent has been affiliated if there is reason to believe that the validity of previous research may be questionable;

    - appropriate action to terminate the appointment or employment or alter the status of faculty or staff members, including imposing a probationary period, where such action is justified by the seriousness of the misconduct;

    - special monitoring of future work;

    - removal from a particular project; and/or

    - requiring that the respondent engage in appropriate activities, such as taking the Tri-institutional course on responsible conduct in research or its equivalent.

H. Comments on the Draft Report and Access to Evidence

The draft report of the Investigation Committee and, concurrently, a copy of, or supervised access to, the evidence on which the report is based, will be made available to the respondent. The respondent will have the opportunity to respond in writing within 30 days from the date he/she received the draft report. The respondent's comments must be included in the final report.

Relevant portions of the draft report that address the role and opinion of the complainant shall also be made available to complainant. Complainant comments must be submitted within 30 days of the date on which he/she received the draft report and the comments must be included and considered in the final report. If the allegations involve use of human and/or animal subjects in research then the report will be made available to the Chairperson(s) of the IRB and/or IACUC as appropriate as well as to the institutional official(s) responsible for this/these Committee(s).

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 require that the recipient sign a confidentiality agreement.

I. Decision by Deciding Official

The RIO will assist the Investigation Committee in finalizing the draft investigation report, including ensuring that the respondent's and complainant's comments are included and considered, and transmit the final investigation report to the DO, who will determine in writing: (1) whether the institution accepts the

investigation report, its findings, and the recommended institutional actions; and (2) the appropriate institutional actions in response to the accepted findings of research misconduct. If this determination varies from the findings of the Investigation Committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO may return the report to the Investigation Committee with a request for further fact-finding or analysis. The report, in whole or in part, may be made available to the chairperson(s) of the IRB and/or IACUC, the institutional official(s) responsible for these committee(s) when the issues include research involving human and/or animal subjects.

When a final decision on the case has been reached, the RIO will normally notify both the respondent and the complainant in writing. In cases involving Reportable Scientific Misconduct, after informing ORI, the DO will also 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.

If the alleged research misconduct is not substantiated by the inquiry or by the formal investigation, every effort shall be made by the DO to restore the reputation and integrity of the individual accused of research misconduct. Furthermore, if it is determined that the allegations were made in bad faith, appropriate action against the complainant should be taken. If new evidence is brought to the attention of the DO at any time, he or she may determine at his or her discretion that the matter be referred back to the Investigation committee, or that a new committee be appointed to re-open the case.

J Timing

The investigation must be conducted in a thorough and expeditious manner, and must be completed within 120 days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft report for comment and, in investigations that involve Reportable Scientific Misconduct, sending the final report to ORI. However, if the RIO determines that the investigation will not be completed within this 120-day period, the RIO will document the reason for the delay. In cases that involve Reportable Scientific Misconduct, if the RIO will submit to ORI a written request for an extension, setting forth the reasons for exceeding the 120- day limit. RIO will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.

VII. APPEAL

The respondent shall be given an opportunity to appeal a determination of research misconduct on the ground that the process pursued in reaching the determination did not comply with this policy. A respondent may not appeal factual determinations.

The respondent(s) shall serve upon the Provost for Medical Affairs (“Provost”) a petition, in writing, for an appeal within ten (10) days after the decision of the DO is issued. The Provost shall have the power to affirm, reverse, or modify the decision and any such actions will be taken within one hundred and twenty (120) days of the filing of the appeal.

The Provost will base his decision upon the written appeal and the record of the Investigation and DO's decision. No additional evidence may be introduced into the record on appeal. The respondent may only appeal the finding of research misconduct on the basis that due process was violated or procedural errors were committed. Any appeal will be reviewed for abuse of discretion and failure to follow procedures. The Provost's decision will be final. Any findings of research misconduct and any sanctions determined by the DO are not subject to review and are not appealable under the Academic Grievance Procedures.

VIII. CONCLUSION

The integrity of an institution should never be in question. Thus, the Institution and the scientific community within it must do everything possible to prevent research fraud or other research misconduct. It is for this reason that these guidelines were established. These guidelines help to facilitate the handling of alleged research misconduct and above all, they promote and maintain high ethical standards in research, and protect the integrity of scientific research and of the Institution.

Appendix I-2. Policy and Procedures Governing Academic Misconduct

I. PREAMBLE AND DEFINITION

Absolute integrity is expected of every student of the WCGSMS in all academic undertakings; he or she must in no way misrepresent his or her work, fraudulently or unfairly advance his or her academic status, or be a party to another student's breach of academic integrity.

II. RESPONSIBILITY

The maintenance of an atmosphere of academic honor and the fulfillment of the provisions of the Policy and Procedures Governing Academic Misconduct (Policy) are the responsibilities of the students and faculty of WCGSMS. Therefore, all students and faculty members shall refrain from any action that would violate the basic principles of academic conduct, in spirit or letter.

Student Responsibility

A student assumes responsibility for the content and integrity of the academic work he or she submits, such as papers, examinations, reports, or research data.

A student may be guilty of violating the principles of academic conduct if he or she:

- knowingly represents the work of other as his or her own;
- uses or gives unauthorized assistance in any academic work;
- restricts the use of material used in study in a manner prejudicial to the interests of other students;
- purposely misleads or gives fraudulent assistance to another student; or
- otherwise commits a breach of academic integrity (including research integrity. See Appendix I-1).

A student or group of students knowing of any situation in which a violation of academic conduct may have occurred is obligated to bring this knowledge in writing to the attention of the Dean of WCGSMS.

In cases in which a faculty member is suspected of collaboration in a student violation of academic conduct, the alleged collaboration is to be reported in writing to the Dean who will refer the report for appropriate faculty action.

Each student shall be bound by the provisions of this policy and shall be presumed to be familiar with its provisions.

Faculty Responsibility

Each faculty member shall develop and maintain an academic atmosphere conducive to the spirit of free inquiry and academic integrity. He or she shall inform his or her students of special regulations that apply to academic conduct in work in his or her course, such as collaboration on papers and examinations.

In cases of suspected violation of academic conduct by a student, the alleged misconduct is to be reported in writing to the Dean of WCGSMS.

Each faculty member shall be bound by the provisions of this Policy and shall be presumed to be familiar with its provisions.

A faculty member shall not assign a grade or take any other action against a student based on an alleged violation without following the procedures outlined in this Policy. If a student feels that a faculty member has taken such action, he or she may request an inquiry in writing to the Dean of WCGSMS.

III. PROCEDURES

Report of Breach

Any question of research integrity involving WCGSMS students or WCGSMS faculty employed by the Medical College Division should be communicated to the Dean of the WCGSMS. Alleged or apparent breaches of academic integrity involving faculty employed by SKI should be brought to the attention of the Director of SKI. The Dean of the WCGSMS will follow Cornell University guidelines for investigating scientific misconduct and the Director of SKI will follow SKI guidelines. Accused individuals should be informed of legal implications of the investigation.

At this time and throughout this procedure, all reasonable steps should be taken to preserve and protect the reputation and rights of both the accused student and the individual who raised the allegation.

Examination of the Charges

The Dean will determine whether an inquiry is necessary. If so, the Dean, in his or her discretion, shall appoint a hearing board composed of equal numbers of faculty members and students of the WCGSMS to conduct an inquiry.

The Dean shall at this time inform the accused of the allegations. The Dean shall also inform the faculty or staff member responsible for the individual whose actions are in question. That person should, in turn, report the allegations to the Program Chairperson immediately.

The members of the hearing board selected to conduct the inquiry must be objective, impartial, and fair. In addition, they should have the ability to understand the issues in question.

The Dean shall notify the accused of the initiation of the inquiry and of the names of the individuals solicited to conduct the inquiry.

The accused may at this time raise objections to the individuals on the hearing board, and the Dean shall consider these objections.

The individuals(s) selected shall conduct a prompt inquiry into the alleged misconduct, affording the accused student an opportunity to respond to the allegations, and prepare a written report including full documentation of the proceedings of the inquiry.

The report of the inquiry shall be reviewed at a special meeting of the Executive Committee (EC) convened for this purpose. The EC may accept the report, return it to the hearing hoard, or instruct the Dean to obtain additional information as necessary. The EC may, at its discretion, decide to hear the parties involved or call on additional witnesses.

The proceedings of the inquiry will be kept confidential and will not be disclosed, except as necessary to facilitate a complete and comprehensive investigation.

Recommendations for Disciplinary Action

If the EC, by majority vote, decides that the alleged misconduct is substantiated, they will recommend to the Dean appropriate disciplinary action which may include, but may not be limited to, the following:

- If research is involved, notification of the Program Chairperson and the major research sponsor or temporary advisor.

- Notification of any sponsoring agencies of the findings of the investigation.

- Other appropriate disciplinary action including suspension, dismissal or expulsion where such action is justified by the seriousness of the misconduct substantiated.

- The final report of the committee will be made available to the accused, who will have the opportunity to respond in writing to the Dean within seven (7) working days of receipt of the final report.

- Based on the recommendation of the committee and the response of the accused, the Dean will determine the administrative action to be taken by the WCGSMS.

- If the alleged misconduct is not substantiated by the formal investigation, every effort shall be made by the Dean to restore the reputation and integrity of the student accused of misconduct. Furthermore, if it is determined that the allegations were made in bad faith, appropriate action against the accuser(s) shall be taken.

Re-Opening and Appeal

If new evidence is brought to the attention of the Dean at any time, he or she may determine, in his or her discretion, that the matter be referred back to the *ad hoc* investigating committee, or that a new committee be appointed to re-open the case.

The individual(s) affected by a final decision of the Dean shall be given an opportunity to appeal.

Any person(s) appealing a final decision of the Dean shall serve upon the Provost for Medical Affairs a petition, in writing, for an appeal within ten (10) days after the final decision of the Dean is received.

The Provost shall have the power to affirm, reverse, or modify the decision.

The Provost will base his or her decision upon the written appeal and the record of the formal investigation. No additional evidence may be introduced into the record on appeal.

The individual(s) may only appeal the decision of guilt on the basis that due process was violated or procedural errors were committed. The Provost's decision will be final.

Student Records

Records of all student hearings and appeals shall be maintained in the student's folder which shall be accessible only to the Provost for Medical Affairs, Dean, Associate Dean, and the student's Faculty Advisor(s).

Records of a student reprimand and other conditions will appear on the student's record and in letters of evaluation, but not on the transcript.

Records of suspension or expulsion will appear on the student's record, on the transcript, and in letters of evaluation.

Student Re-Admission After Suspension

A student applying for re-admission after suspension shall make such application by letter to the Dean of the WCGSMS for re-admission following the period of suspension.

The voting members of the EC shall review the application for satisfactory rehabilitation of the student and shall make a recommendation to the EC (and/or Program Admissions Committee) for or against re-admission. The EC and/or Program Admissions Committee must approve the recommendation.

IV. PUBLICITY OF THE POLICY AND PROCEDURES GOVERNING ACADEMIC MISCONDUCT

The Associate Dean of WCGSMS shall disseminate information about this Policy to incoming students.

Each Program Chairperson is responsible for disseminating information about this Policy to the members and students of his or her Program.

V. AMENDMENTS TO THE POLICY AND PROCEDURES GOVERNING ACADEMIC MISCONDUCT

Responsibility for recommending changes in this Policy resides with the EC of the WCGSMS, which may initiate recommendations or consider suggestions for recommendations submitted by other members of the WCGSMS community. Such recommendations will be subject to approval by the EC.

Appendix I-3. Memorial Sloan-Kettering Policy and Procedures for Responding to Allegations of Research Misconduct

Policy and Procedures for Responding to Allegations of Research Misconduct

General Policy

MSKCC is committed to the responsible conduct of research, and has policies and procedures in place for responding to allegations of misconduct in science. Allegations of research misconduct will be reviewed promptly, thoroughly, and objectively, with concern for the rights, reputations, and privacy of all those involved.

This document describes the MSKCC policies and procedures that guide the manner in which all allegations of misconduct in science are handled, regardless of the funding source. It is written to conform to federal regulations (see 42 CFR Part 93 "Public Health Service Policies on Research Misconduct" or www.ori.dhhs.gov/documents/42_cfr_parts_50_and_93_2005.pdf), as is required for managing misconduct proceedings that involve research support from agencies of the U.S. Public Health Service (PHS), including the National Institutes of Health. If the source of funding for the work in question is not an agency of the U.S. Public Health Service, these policies and procedures will be followed, but reporting to the Office of Research Integrity (ORI), PHS, is not required.

Definition of Research Misconduct

Misconduct in science is defined as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

- Fabrication is making up data or results and recording or reporting them.
- Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Research misconduct does not include honest error, differences in opinion, or authorship or collaboration disputes.

The Principals Responsible for Managing Misconduct Proceedings

Research at MSKCC is conducted under the auspices of either the Sloan-Kettering Institute (SKI) or Memorial Hospital (MH), or both, and is overseen by Program Chairs (in SKI) or Department Chairs (in Memorial Hospital) and by subordinate laboratory heads and service chiefs.

When allegations of misconduct arise, a number of individuals with oversight of research may become involved, but the person with primary responsibility is the Vice President, Research and Technology Management, who is the Research Integrity Officer (RIO). The RIO is responsible for assessing allegations of research misconduct, overseeing inquiries and investigations and other matters described in this policy.

The Director of SKI is the Deciding Official (DO) when allegations are primarily related to laboratory research, and the Physician-in-Chief is the DO when allegations are primarily related to clinical research (i.e., research involving human subjects). When the allegation pertains to both laboratory research and clinical research, the RIO will consult with both the Director of SKI and the Physician-in-Chief and together they will

determine which of them will serve as the DO. The DO is the institutional official who makes final determinations on allegations of research misconduct and on any institutional administrative action that may be taken as a result of the misconduct proceedings. Throughout this document, reference to DO will signify the appropriate DO to handle research misconduct allegations involving laboratory research, clinical research, or both.

Confidentiality

Disclosure of the identity of those who are accused of research misconduct and those who raise allegations of misconduct is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding. To the maximum extent possible, any information obtained during the research misconduct proceeding that might identify the subjects of research shall be maintained securely and confidentially and shall not be disclosed, except to those who need to know in order to carry out the misconduct proceedings.

The Steps in Handling Misconduct Proceedings

(1) Allegations:

Allegations may be raised by anyone who believes that research misconduct has been committed. The individual(s) who makes such allegations is termed the complainant(s). Allegations of research misconduct should be brought to the attention of the supervisor of the individual(s) whose actions are in question, to the relevant Program Chair or Department Chair, or directly to the RIO. Allegations may be conveyed either orally or in writing. An allegation including the following information is most useful: the name of the person(s) about whom the allegation is made (termed the respondent[s]), the name of the complainant(s), the names of potential witnesses, and a description of the alleged misconduct.

If the RIO is not the original recipient of the allegations, the individual who received the allegations shall immediately inform the RIO.

Assessing Allegations:

The RIO is responsible for assessing allegations of misconduct. The assessment should be concluded within a week, if possible. This assessment shall include consideration as to whether the allegation(s) falls under the definition of research misconduct described earlier in this document and whether the allegation is sufficiently credible and specific enough so that potential evidence of research misconduct may be identified. If the RIO determines that these criteria are met, the RIO will immediately initiate the inquiry process.

If, during the initial assessment, the RIO and the DO agree that the likelihood of misconduct is sufficiently strong, it is possible to move directly to the investigation phase without an inquiry.

During the assessment, the RIO will also ascertain whether the research in question involves PHS funding jurisdiction.

(2) Inquiry:

Initiating an Inquiry:

The inquiry should begin immediately after the RIO determines, based on the assessment, that an inquiry should be undertaken. The purpose of an inquiry is to make a preliminary evaluation of the available evidence and the testimony of the complainant(s), the respondent(s), and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation.

The scope of an inquiry does *not* normally include deciding whether misconduct definitely occurred, determining definitively who committed the research misconduct, or conducting exhaustive interviews and analyses.

Notifying the Respondent(s) and Sequestering Records:

At the time of or before beginning an inquiry, the RIO shall notify the respondent(s) in writing, if the respondent(s) is known. The RIO shall take all practical and reasonable steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.

Selecting and Charging the Inquiry Committee:

The RIO, in consultation with the Deciding Official (DO), may convene an Inquiry Committee to conduct the inquiry. An Inquiry Committee is not always required, however, and the decision to convene such an Inquiry Committee should be made by the RIO and DO. Usually, but not necessarily, the Inquiry Committee will be composed of MSKCC staff members. The Inquiry Committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with the complainant(s) or the respondent(s) named in the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegations.

At the Inquiry Committee's first meeting, the RIO will review the charge with the Committee, describe the allegations and any related issues, and discuss the appropriate procedures for conducting the inquiry.

Performing an Inquiry:

The inquiry phase of a misconduct proceeding (including preparation of the final inquiry report and the determination of the DO as to whether an investigation is warranted) should be completed within 60 days of the decision to begin an inquiry, unless an extension is approved by the RIO. The RIO must document why an extension was granted.

The Inquiry Committee will normally interview the complainant(s), the respondent(s), and pertinent witnesses, as well as examine relevant research records and materials. The Inquiry Committee will then evaluate the evidence, recommend whether an investigation is warranted, and prepare a written report as described below. An investigation is warranted if there is a reasonable basis for concluding that 1) the allegation falls within the definition of research misconduct noted earlier in this policy and 2) the preliminary fact-finding from the inquiry indicates that the allegation may have substance.

Providing Materials to the Respondent(s) and Complainant(s):

The RIO shall notify the respondent(s) as to whether the Inquiry Committee has found that an investigation is warranted, and will provide a copy of the draft report of the preliminary inquiry to the respondent(s) for comment. The respondent(s) should be given 10 days to reply. The RIO shall also give the respondent(s) a copy of 42 CFR Part 93 (if the misconduct proceedings involve PHS funding jurisdiction) and a copy of this Policy.

The complainant(s) must be given an opportunity to review any summaries of interviews with him/her and be given a chance to comment. If the RIO so chooses, the complainant(s) may also be notified as to whether the inquiry found an investigation to be warranted and may be provided with the draft report for comment.

A written confidentiality agreement must be a condition for access to the draft report on the part of the respondent(s) and/or the complainant(s).

Preparing the Inquiry Report:

The final written inquiry report must include the following information: the name and position of the respondent(s); a description of the allegations; the PHS support (if any); the basis for recommending or not recommending that the allegations warrant an investigation; and any comments on the draft report by the respondent(s) and/or complainant(s). It should also include the names and titles of the members of the Inquiry Committee, a list of the research records reviewed, summaries of any interviews, and a statement as to whether any other actions should be taken if an investigation is not recommended.

Determination by the Deciding Official:
The RIO will transmit the final inquiry report to the Deciding Official (DO). Based on the final inquiry report, including comments from the respondent(s) and/or complainant(s), if any, and, as an option, discussion with members of the Inquiry Committee, the DO will issue in writing a determination as to whether an investigation is warranted. The inquiry is completed when the DO issues this determination.

Notifying the Office of Research Integrity (ORI) Following an Inquiry:
If the DO determines that an investigation is warranted and the research in question falls under PHS funding jurisdiction, the RIO will provide ORI with the DO's decision and a copy of the final inquiry report. This reporting must be done within 30 calendar days of the DO's decision.

If the DO decides that there is insufficient evidence of possible misconduct to warrant an investigation, ORI does not need to be notified. Also, if there is no PHS funding jurisdiction, regardless of the DO's final decision, ORI does not need to be notified.

If the respondent(s) admits to misconduct at the inquiry stage of the process and the DO decides that no further investigation is necessary, the DO must report this determination to ORI (provided PHS has funding jurisdiction) and state why the institution believes that no further investigation is necessary. If ORI consents, the case shall be closed.

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for seven 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.

(3) Investigation:
Initiating an Investigation:
The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted.

The purpose of the investigation is to explore the allegations in detail, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation shall also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the allegations.

This is especially important in cases that involve clinical trials, or potential harm to human subjects or the general public.

Notifying the Respondent(s) and Sequestering Records:
On or before the date on which the investigation begins, the RIO must notify the respondent(s) in writing of the allegations to be investigated. The RIO must also give the respondent(s) written notice of any new allegations of research misconduct not addressed in the inquiry.

The RIO will take steps to obtain custody of and sequester all research records and evidence that were not previously sequestered during the inquiry.

Selecting and Charging the Investigation Committee:
The RIO, in consultation with the DO, will appoint an Investigation Committee as soon after the beginning of the investigation as practical.

The Investigation Committee should consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those named in the investigation, and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation. Individuals appointed to the Investigation Committee may have served on the Inquiry Committee. The members may come

from institutions other than MSKCC. 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 in the inquiry;
- identifies the respondent(s);
- defines research misconduct;
- informs the Committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
- informs the Committee that, in order to determine that the respondent(s) committed research misconduct, it must find that a preponderance of the evidence establishes that:
    1) research misconduct, as defined in this policy, occurred;
    2) the research misconduct is a significant departure from accepted practices of the relevant research community; and
    3) the respondent(s) committed the research misconduct intentionally, knowingly, or recklessly; and
- informs the Committee that it must prepare a written investigation report that meets the requirements of this policy.

Conducting the Investigation:

The RIO will convene the first meeting of the Investigation Committee to review the charge, the final inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality.

The Investigation Committee and the RIO must:

- 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 each allegation;
- take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
- interview each respondent, complainant, and any other available witnesses, transcribe each interview, provide the transcript to each interviewee for correction, and include the transcript in the record of the investigation; and,
- pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct.

The investigation is to be completed within 120 days of its beginning. This 120-period includes conducting the investigation, preparing the report of findings, providing the draft report to the respondent(s) for comment, and sending the final report to ORI. If the RIO determines that the investigation will not be completed within this 120-day period, that time frame may be extended. If the investigation relates to research funded by PHS, the RIO must seek such an extension from ORI.

Preparing the Investigation Report:

The Investigation Committee and the RIO are responsible for preparing a written draft report of the investigation that:

- describes the nature of the allegations of misconduct, including identification of the respondent(s);
- describes and documents PHS support, if any;
- describes the specific allegations of research misconduct considered in the investigation;
- includes this MSKCC policy and procedures document;
- identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
- includes a statement of findings for each allegation of research misconduct identified during the investigation.

Each statement of findings must:

1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly;
2) summarize the facts and analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent(s), including any effort by the respondent(s) to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or difference of opinion;
3) identify the specific PHS support, if any;
4) identify whether any publications need to be corrected or retracted;
5) identify the person(s) responsible for the misconduct; and
6) list any current support or known applications or proposals for support that the respondent(s) has pending with non-PHS federal agencies.

Giving the Respondent(s) and Complainant(s) an Opportunity to Comment:

The RIO must give the respondent(s) a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to, the evidence on which the draft investigation report is based. The respondent(s) shall be allowed 30 days from the date he/she receives the draft report to submit comments to the RIO. If the RIO so chooses, the complainant(s) may be given a copy of the draft report or relevant portions of it for comment. Any comments from the respondent(s) or the complainant(s) must be included in the final report.

A written confidentiality agreement must be a condition for access to the draft investigation report on the part of the respondent(s) and/or the complainant(s).

Making Final Determinations:

The DO will, in writing, determine: 1) whether the institution accepts the investigation report and its findings and 2) the appropriate institutional actions in response to any accepted findings of research misconduct. If the decisions of the DO vary from the findings or recommendations of the Investigation Committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the conclusions of the Investigation Committee. Alternatively, the DO may return the report to the Investigation Committee with a request for further fact-finding or analysis before making a final determination.

Once a final decision on the case has been reached by the DO, the RIO will notify both the respondent(s) and the complainant(s) in writing. As part of this notification, if the case falls under the funding jurisdiction of PHS, the respondent(s) will be provided with a copy of 42 CFR Part 93, "Public Health Service Policies on Research Misconduct," for reference to actions that may be taken by PHS on the basis of research misconduct proceedings conducted at the institutional level.

Reporting to the Office of Research Integrity (ORI):

If the investigation involves research under PHS funding jurisdiction, the RIO must, within the 120-day period for the investigation, submit the following to ORI:

1) a copy of the final investigation report with all attachments;
2) a statement as to whether the institution accepts the findings of the investigation report;
3) a statement as to whether the institution found misconduct and, if so, who committed the misconduct; and
4) a description of any pending or completed administrative actions against the respondent(s).

Appealing a Misconduct Determination:

The respondent(s) has 20 days after receiving the final determination on the case to appeal the decisions to the DO in writing. The DO will have 120 days to reach a decision on the appeal.
If there is an appeal in a case involving PHS funding jurisdiction, the report of the investigation and the report of the outcome of the appeal shall be submitted to ORI within 120 days after the appeal is made by the respondent, unless the institution requests and receives an extension from ORI.

Notifying Relevant Parties and Maintaining Records:
After a final decision on the case is reached, the RIO is responsible for determining whether law enforcement agencies, professional societies, professional licensing boards, editors of involved journals, collaborators of the respondent(s), or other relevant parties should be notified of the outcome of the case.

The RIO is responsible for maintaining and providing to ORI upon request (if the matter involves PHS funding jurisdiction) all relevant research records and records of the institution's research misconduct proceedings, including the results of all interviews and the transcripts or recordings of those interviews. Such records must be maintained for seven years after the misconduct proceeding is concluded.

Other Considerations

Continuing the Proceeding if the Respondent(s) Leaves the Institution:
If the respondent(s) terminates institutional employment at any time during the research misconduct proceedings, either by resignation or otherwise, the proceedings shall continue. If the respondent(s) refuses to participate in the misconduct proceedings after terminating employment, the RIO and an Inquiry or Investigation Committee will continue to use their best efforts to reach a conclusion concerning the allegations.

Notifying ORI of Special Circumstances:
The RIO shall immediately notify ORI if, at any time during the research misconduct proceeding, the RIO has reason to believe that any of the following conditions exist: the health or safety of the public is at risk, including an immediate need to protect human or animal subjects; PHS resources or interests are threatened; research activities should be suspended; there is indication of possible violations of civil or criminal law; federal action is required to protect the interests of those involved in the research misconduct proceeding; the research misconduct proceeding may be made public prematurely and PHS action may be necessary to safeguard evidence and protect the rights of those involved; or the research community or public should be informed.

Protecting the Complainant(s), Respondent(s), Witnesses and Committee Members:
Following a final finding of no research misconduct, including (where the matter involves PHS funding jurisdiction) concurrence by ORI, the RIO must, at the request of the respondent(s), undertake all reasonable and practical efforts to restore the reputation of the respondent(s). This might include notifying those individuals aware of or involved in the investigation of the final outcome and expunging all reference to the research misconduct allegation from the personnel file of the respondent(s).

During the research misconduct proceeding, and upon its completion, regardless of whether the institution or ORI determines that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant(s) who made allegations of research misconduct and of any witnesses and committee members who cooperated with the research misconduct proceeding.

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POLICY LIBRARY

Access to Student Information

POLICY 4.5

Volume: 4, Governanace/Legal
Chapter: 5, Access to Student Information
Responsible Executive: Vice President for Student and Academic Services
Responsible Office: University Registrar
Issued: February 1991
Last Updated: May 3, 2010

POLICY STATEMENT

It is the policy of Cornell University to comply with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA").

REASON FOR POLICY

Cornell University maintains student records and is responsible for their maintenance and release in accordance with FERPA.

ENTITIES AFFECTED BY THIS POLICY

- All units of the university

WHO SHOULD READ THIS POLICY

- Faculty and staff with access to Cornell University student education records

- All university students

WEB SITE ADDRESS FOR THIS POLICY

- This policy: www.dfa.cornell.edu/treasurer/policyoffice/policies/volumes/governance/studentinfo.cfm

- University Policy Office: www.policy.cornell.edu

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RELATED DOCUMENTS

University Policies and Documents

University Policy 4.4, Access to Cornell Alumni Affairs Information

University Policy 4.7, Retention of University Records

University Policy 4.12, Data Stewardship and Custodianship

University Policy 4.13, Acceptance of Legal Papers

University Policy 5.4.1, Security of Information Technology Resources

Family Educational Rights and Privacy Act (FERPA) FAQs for Faculty and Staff

Student Record Privacy Statement: Annual Notification Under FERPA

Other Documents

Family Educational Rights and Privacy Act of 1974, (20 United States Code 1232(g)) (FERPA) Title 34, Code of Federal Rights Act, Part 99

New York State Information Security Breach and Notification Act

POLICY 4.5

Access to Student Information

CONTACTS

Direct any general questions about this policy to your unit's administrative office.

Ithaca Campus Contacts

Subject	Contact	Telephone	E-mail/Web Address
Policy Clarification and Interpretation	University Registrar	(607) 255-8728	registrar.sas.cornell.edu univreg@cornell.edu
Annual Notification to Students of Their Rights Under FERPA	University Registrar	(607) 255-8728	registrar.sas.cornell.edu/Student/records.html univreg@cornell.edu
Subpoena or Other Legal Inquiries	University Counsel	(607) 255-5124	counsel.cornell.edu

Weill Medical College Campus Contacts

Subject	Contact	Telephone	E-mail/Web Address
Policy Clarification and Interpretation	Associate Dean, Academic Affairs Associate Dean, Graduate School of Medical Sciences	(212) 746-1050 (212) 746-6565	smidone@med.cornell.edu gsms@med.cornell.edu
Annual Notification to Students of Their Rights Under FERPA	Associate Dean, Academic Affairs Associate Dean, Graduate School of Medical Sciences	(212) 746-1050 (212) 746-6565	smidone@med.cornell.edu gsms@med.cornell.edu
Subpoena or Other Legal Inquiries	University Counsel	(212) 746-0463	

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DEFINITIONS

These definitions apply to terms as they are used in this policy.

Directory Information	Term defined by FERPA to define a subset of Education Records, that includes such information as the student's local address and telephone number, which may be released without a student's consent. For a list of the items that Cornell University treats as directory information, and for instructions on how students may prevent the release of their directory information, see the Student Record Privacy Statement: Annual Notification Under FERPA on the University Registrar's Web site at registrar.sas.cornell.edu/Student/records.html.
Education Records	Term defined by FERPA to describe records maintained by or for the university (or a party acting for the university), directly related to a student, and containing personally identifiable information. This includes transcripts, papers, exams, student databases, class schedules, financial records, correspondence, email, and handwritten notations. Education Records may be maintained in any medium. Education records do not include law enforcement or physician treatment records, which may be protected by other laws or regulations.
FERPA	The Family Educational Rights and Privacy Act of 1974.
Personally Identifiable Information	Information that would reveal the identity of a student or make the student's identity easily traceable.

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POLICY 4.5

Access to Student Information

RESPONSIBILITIES

Anyone Who Maintains or Accesses Education Records	Maintain and release records in accordance with the dictates of FERPA.
Student	Read the Student Record Privacy Statement: Annual Notification Under FERPA.
University Registrar	Disseminate the Student Record Privacy Statement: Annual Notification Under FERPA, which tells students their rights under FERPA. Manage the process by which students opt out of the disclosure of their directory information. Conduct hearings to determine whether alleged errors in education records are misleading, inaccurate, or in violation of the student's privacy rights.

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Access to Student Information

PRINCIPLES

Overview

Cornell University complies with the Family Educational Rights and Privacy Act of 1974 (FERPA), the federal law that covers educational records held by the university.

♦**Caution:** If there is any conflict or inconsistency between the provisions of FERPA and this policy, the provisions of FERPA prevail.

FERPA gives students the following rights:

- to inspect and review their own education records
- to consent to disclosures of personally identifiable information contained in their education records
- to ask to have their education records corrected if they believe them to be inaccurate, misleading, or in violation of their privacy rights and, if necessary, to have a hearing on this issue
- to file with the U.S. Department of Education a complaint concerning alleged failures by Cornell University to comply with the requirements of FERPA

FERPA requires that each educational institution annually notify students currently in attendance of their rights under FERPA. Cornell University's Student Record Privacy Statement: Annual Notification Under FERPA **is in the *Courses of Study* course catalogue and on the University Registrar's Web site at registrar.sas.cornell.edu/Student/records.html.**

As a general matter, the university treats its students as adults who are capable of making their own decisions regarding the exercise of their rights of access to and privacy in their education records. The university does not make routine disclosures of information to parents or legal guardians absent an authorization from the student. However, consistent with FERPA, designated Cornell officials may release information from education records to parents and others who need to know in the case of health and safety emergencies and certain other limited circumstances, such as in the case of required withdrawal from the university, more fully outlined in the Student Record Privacy Statement: Annual Notification Under FERPA.

Responsible Access and Use of Education Records

Anyone who maintains or accesses education records on behalf of the university is responsible for using those records in compliance with FERPA and this policy.

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Access to Student Information

PROCEDURES

Releasing Education Records

Education records may be released only with the signed consent of the student, except where FERPA authorizes disclosure without consent, as detailed below.

Personally identifiable information from an education record may be disclosed without consent, under the following conditions:

1. The information is Directory Information. For a list of the items that Cornell University treats as directory information, and for instructions on how students may prevent the release of their directory information, see the *Student Record Privacy Statement: Annual Notification Under FERPA*.
2. To a university official with a legitimate interest in this information, as defined in the *Student Record Privacy Statement: Annual Notification Under FERPA*.
3. To appropriate parties in a health or safety emergency if knowledge of this information is necessary to protect the health and safety of the student or other individuals. See the FAQs.
4. Consistent with FERPA, information from education records to parents and others who need to know in certain limited circumstances, more fully outlined in the Student Record Privacy Statement: Annual Notification Under FERPA.

◆ **Note**: FERPA contains several additional narrow exceptions to the requirement of obtaining a student's consent before disclosing information from education records. A unique set of conditions delineated in FERPA applies to each type of disclosure. See the FAQs for more information about these exceptions.

If you have a question about the permissibility of disclosing information, contact the university Registrar or the Office of University Counsel.

Student's Inspection of Education Records

A student may inspect and review his or her own education records after submitting a written request to the University Registrar. The request must identify the education record(s) desired. An appropriate university staff person will make the needed arrangement for access promptly, and notify the student of the time and place where the education records may be inspected. Access must be provided within 45 days of receiving the request.

Recording Requests for Release of Information

As a general rule, anyone releasing education records (other than directory information) to a third party (i.e., someone other than to the student or a university official with a legitimate interest in the information) without the consent of the

PROCEDURES, continued

student must maintain a record of the request for and/or release of this information. The record will indicate the name of the party making the request, any additional party to whom it may be re-released, and the legitimate interest the party had in requesting or obtaining the information.

Correcting Education Records

Specifically regarding correcting education records, FERPA gives students the following rights:

- to ask to have corrected education records that are believed to be inaccurate, misleading, or in violation of the student's privacy rights; *upon this request, the university will correct the records if they are determined to be inaccurate, misleading, or in violation of the student's privacy rights*
- to a hearing appealing a decision by the university not to make the requested change; *after the hearing, if the hearing officer supports the student's appeal, the records will be amended as requested*
- to receive a written explanation of a decision by the hearing officer that the records are not inaccurate, misleading, or in violation of the student's privacy rights
- to place a statement with the education records in question, in the event that the university does not amend them

Contact the University Registrar for the current procedures for correcting education records.

If a student's statement to contest any education records is placed with those records, it will be maintained as part of the education records as long as the contested portion is maintained. If the contested portion of the education record is disclosed, the statement must be disclosed with it.

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FORMS AND TOOLS

Name
Family Educational Rights and Privacy Act FAQs for Faculty and Staff
Student Record Privacy Statement: Annual Notification Under FERPA

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Access to Student Information

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Appendix III. Standards of Conduct

The Weill Cornell Graduate School of Medical Sciences (WCGSMS) requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the Weill Cornell Medical College (WCMC) community in their interactions with each other. Membership in the WCGSMS community for students is more than an academic commitment; it connotes a willingness by the student to act as a responsible professional. Participation in the WCMC community including the WCGSMS by faculty is more than instructing the next generation of professionals; it is a commitment to serve as mentor and role model.

The standards of conduct promote expected behaviors, challenge unprofessional behaviors, and educate students, as well as faculty, to confront these challenges.

It shall be the responsibility of the students and faculty of the WCMC, including the WCGSMS, to uphold the integrity and ethical standards of the community to the fullest extent possible. The full range of responsible conduct cannot be set forth in any policy document. Accordingly, students and faculty should view these enumerated responsibilities as an illustration and should strive to comply with both the letter and the spirit of these standards of conduct.

This section also describes the guidelines and policies that will apply when there has been a failure to comply with the standards.

STUDENT RESPONSIBILITIES

In order for students to be permitted to continue their studies at the WCGSMS, students must demonstrate a range of skills and abilities, such as, good judgment, a sense of responsibility and morality, sensitivity and compassion for others, and the ability to synthesize and apply knowledge. Students must also assume responsibility for the integrity of the content of the academic work performed and submitted, including papers, examinations and reports.

The following are examples of conduct that is not suitable for WCGSMS students:

- knowingly or carelessly representing the work of others as one's own;
- using or giving unauthorized assistance in any academic work;
- restricting the use of material used to study in a manner prejudicial to the interest of other students;
- purposely misleading or give false information to another student;
- otherwise committing a breach of academic and/or professional integrity;
- committing an act of physical abuse or violence of any kind;
- being repeatedly absent, unexcused, from a required course;
- required research and laboratory activities; or
- failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course leadership or their representatives.

A student, or group of students, knowing of any situation in which a violation of any of the standards of conduct set forth above may have occurred is responsible for providing any such information in writing to the Associate Dean. Faculty is similarly required to report a violation to the Associate Dean. Each student matriculated in the Graduate School shall be bound by standards of conduct described above and shall be presumed to be familiar with the above provisions.

When a student's conduct while matriculated in the WCGSMS raises a question about his or her suitability as a predoctoral student or doctoral candidate, the matter is directed to the Director of the student's Program of Study. The Director shall, in accordance with the Program's guidelines, determine whether the student shall remain "in good standing." The Program and Graduate School will follow the **Code of Legislation of the Graduate School of Medical Sciences, Section XIV, paragraphs 87 – 89** in determining and implementing a course of action when a student is deemed not to be "in good standing."

POLICIES RELATED TO INFORMATION TECHNOLOGY SECURITY, CONFIDENTIAL DATA, AND SERVICE

Students in the Graduate School must adhere to the Weill Cornell Medical College (WCMC) policies related to the use of information technology (computers, networks, and all electronic communications. The policies are available at: http://weill.cornell.edu/its/policy/

The Medical College's computers, network systems equipment, data, and software are a critical portion of the Medical College's infrastructure and are to be treated accordingly. Students and faculty are responsible for their conduct when WCMC (including WCGSMS) computers, electronic communications and network systems, whether or not their transgressions are intentional, accidental and/or can be corrected. Users shall respect:

- the privacy of other users' information, whether or not the information is securely protected;
- the ownership and intellectual property rights of proprietary and commercial software, including not using unauthorized copies of software even where the software may not be copy protected;
- the finite capacity of a computer system and limitations of use so as not to interfere unreasonably with the activity of other users;
- procedures (posted in computer facilities and/or online) established to manage use of the computer system; and
- the rights of others not to be harassed, intimidated, or otherwise receive intrusive or inflammatory information through the computer system.

PIRACY

Piracy, or unauthorized distribution of copyright materials, including by means of peer-to-peer file sharing programs, is illegal, and may subject students to civil and criminal penalties. Civil penalties include a judgment for actual or statutory monetary damages to the owner, injunction, impoundment and destruction of offending materials, and reimbursement of court costs and attorney fees. Criminal penalties include imprisonment for up to ten years or a fine of up to $250,000, or both. Piracy is also a violation of the standards of conduct, and may result in disciplinary action up to and including expulsion.

ROMANTIC AND SEXUAL RELATIONSHIPS BETWEEN STUDENTS AND STAFF

(Excerpted from resolution adopted by the Faculty Council of Representatives on November 8, 1995, and approved by the president and provost as Cornell University policy on September 18, 1996.)

The relationships between students and their teachers, advisors, coaches, and others holding positions of authority over them should be conducted in a manner that avoids potential conflicts of interest, exploitation, or personal bias. Given the inherent power differential the possibility of intentional or unintentional abuse of that power should always be borne in mind. For example, a conflict of interest arises when an individual evaluates the work or performance of a person with whom he or she is engaged in a romantic or sexual relationship.

Romantic or sexual relationships between students and persons in positions of authority compromise the relationship between students and the university. No member of the university community should simultaneously be romantically or sexually involved with a student whom he or she teaches, advises, coaches, or supervises in any way. Individuals in such positions of authority must not allow these relationships to develop or continue.

SEXUAL HARASSMENT

The WCMC Human Resources Department and the Office of Equal Opportunity Programs are available to assist all members of the WCMC community (including WCGSMS) with sexual harassment problems or questions. All discussions are confidential. In addition the Medical College will provide, on request, training and consultation on the prevention of sexual harassment.

What is Sexual Harassment?

Sexual harassment in the academic environment or in the workplace can threaten a person's academic performance or economic livelihood. The WCMC defines sexual harassment as:

- Unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature constitute sexual harassment if:
  - submission to such conduct is made either explicitly or implicitly a term or condition of employment or academic status;
  - submission to, or rejection of, such conduct by a person is used as the basis for an employment decision or an academic decision affecting that person; or
  - such conduct has the purpose or effect of substantially interfering with a person's work or academic performance or of creating an intimidating, hostile, or offensive working or learning environment.

Sexual harassment is sex discrimination and is therefore illegal.

Dealing with Sexual Harassment

Preliminary Action

You can sometimes stop someone from harassing you by taking direct action.

- **Say no** to the harasser. Ignoring the situation seldom will make it go away. If you have difficulty speaking about the situation, write the harasser a note describing the incident that you found offensive and request that it not happen again. Keep a dated copy of the message.
- **Keep a record of what happened and when it took place**. If others were present, include their names in the record. Keep a log of any conversations or actions pertaining to the incident(s).
- **Find out whether other students or co-workers have been harassed**. Together complaints are in a stronger position to deal with the situation and the offender.
- **Seek support from a close friend or trusted associate.** Sharing your feelings and experiences can help you cope with that often is a very difficult, frustrating situation.

If the harassment does not stop, consider discussing the matter with the harasser's supervisor or department chairperson, or with staff members in the Human Resources Department or the Office of Equal Opportunity.

Complaint Procedures

If a supervisor, administrator, faculty member or counselor receives a complaint or inquiry about sexual harassment, it is imperative that the Human Resources Department or Office of Equal Opportunity be

contacted to provide advice on procedures for sexual harassment cases. Discussions with staff members of that office will help ensure the effective handling of the complaint and reestablish a working or learning environment free of harassment by taking immediate and appropriate action.

Any student or employee of the WCMC (including WCGSMS) who suspects that he or she has experienced sexual harassment, as defined herein, should report the incident. If the reporting person wants to discuss the incident, consider ways in which to deal personally with the situation, or seek a formal remedy for an instance of sexual harassment, the Human Resources Department and the Office of Equal Opportunity will provide assistance.

Grievance procedures exist to protect all students and academic and non-academic staff members.

Title IX Regulations

The Department of Health, Education, and Welfare has recently promulgated regulations implementing the provisions of Title IX of the Education Amendments of 1972, prohibiting discrimination on the basis of sex in education programs and activities. The WCMC is subject to and in compliance with the statute and regulations. The regulations nevertheless require that you be informed of their provisions and these are summarized below:

For students, the regulations prohibit any act or policy which discriminates on the basis of sex or which has the effect of causing such discrimination. Specifically, the regulations prohibit discrimination in admissions, quality of housing, overall administration of financial aid, and access to curricular and extra-curricular activities. A student or applicant may not be discriminated against because of pregnancy, childbirth, or other conditions relating to pregnancy. Childbirth and other conditions relating to pregnancy must be treated as any other disability for purposes of leaves of absence.

For employees, the regulations likewise prohibit any act or policy that has the effect of treating members of one sex differently from the other. Specifically, the regulations prohibit discrimination in recruiting and hiring, promotion, job classification and assignment, wage and salary rates, fringe benefits, and granting leaves of absence. Pregnancy, childbirth, or conditions relating to pregnancy must be treated as temporary disability for purposes of sick leave or other leave of absence plans. An individual may not be denied employment or otherwise discriminated against because of pregnancy or conditions related thereto.

Dr. Randi Silver, Associate Dean, WCGSMS, has been designated to investigate and seek resolution of complaints of WCGSMS students and staff, respectively, regarding prohibited acts. An individual having a complaint should submit it in writing to the appropriate person. Complaints are subject to grievance procedures available to faculty, students, and non-academic staff.

MEMBERS OF THE MEDICAL COLLEGE COMMUNITY WHO POTENTIALLY REPRESENT A HAZARD TO THE PUBLIC AND TO THE MEDICAL COLLEGE COMMUNITY

Two broad considerations underlay the preparation of these guidelines:

1. An awareness that the Medical College, including the WCGSMS, so far as possible, should try to protect patients, students and employees, and to protect its mission in education and research, from any harm that may come to them because of any action or condition of a student or employee.
2. An awareness that the identification of a person as a potential hazard to other people or to the institution may seriously jeopardize his career and his relation to other people, and that, therefore, every effort must be taken to protect the rights of this person, and to insure that any findings, and any actions based upon these findings, are grounded on demonstrable evidence.

The Nature of "Potential Hazards"

"Potential hazards" arising from the actions or conditions of employees or students might fall into three general categories:

1. Hazards arising from the impaired ability of a person to perform his medical, educational or other professional activities, including hazards arising from (a) neurological disease or degeneration, (b) emotional or psychological disorders, (c) the use of drugs or medications, and (d) the presence of physical handicaps resulting from illness or injury.

2. Hazards arising from a person's carrying a contagious disease.

3. Hazards arising from the behavior of a person, including (a) behavior regarded by patients and by the public as alarming, threatening, bizarre, hostile, or otherwise inconsistent with the duties and responsibilities of the person, and (b) behavior that is disruptive for working groups, medical treatment, or educational processes.

Potential hazards to other people or to the Medical College that occur in the context of a person's performance of his professional, medical, or academic duties, or as a part of his employment by, or studies in, the Medical College are a legitimate concern of the Medical College.

Private acts or conditions of students or employees outside of this context, although they are not the responsibility of the Medical College, may, nevertheless, be of legitimate concern to the Medical College in so far as they may imply the existence of a potential hazard, if this person continues his role as an employee or student.

For example, if a person is convicted of the possession of drugs or assaultive behavior, or is admitted to another institution for the treatment of alcoholism, he might well have a condition that represents a potential hazard to the public or to other employees if he continues in his usual activities at the Medical College. Under these circumstances, even though the act in question has occurred outside of the Medical College and was not, therefore, the responsibility of the Medical College, the College might, nevertheless, legitimately wish to investigate whether or not this person represented a potential hazard within the context of the concerns outlined above.

Identification and Reporting of Potential Hazards

(Nothing contained in these guidelines requires any physician to violate a physician/patient privilege and, therefore, no physician is required to report any information that such physician learned solely as a result of rendering treatment to a patient.)

Every student, staff member, or other employee who is aware that he has a condition that creates a potential hazard as described above, has a primary responsibility and duty to report this, either to his immediate supervisor or to the Dean's Office. In situations in which a student, employee or staff member is not sure whether he has a potentially hazardous condition, he is encouraged to seek appropriate counseling and advice. Such counseling and advice is available to all Medical College employees from the Employee Assistance Program Consortium, to medical students from the physicians or psychiatrists designated by the Office of Student Affairs, and to graduate students from the Student Health Service and the Mental Health and Substance Abuse services of WCMC.

Every student, staff member, or employee, who has good reason to believe that another student, staff member, or employee presents a potential hazard, has a responsibility and a duty to report this to the appropriate supervisor or, in the case of graduate students, to the WCGSMS Associate Dean.

Regardless of the responsibilities of the individual affected, and of other students, staff members, and employees, the immediate supervisor who observes the presence of a potential hazard, has a specific responsibility to report this to his superior, and through him to the Department Chairman or other appropriate administrator at that level, and to the Dean's Office, and, in the case of the Graduate School, to the Associate Dean.

Initiation of Action

If it appears that a hazard is immediate and acute, the responsible supervisor, with the concurrence of his superiors (if this can be obtained in time), must take whatever measures appear to him to be necessary and prudent to prevent the person who represents the hazard from harming himself or any other person; and he will report the incident fully and promptly to his supervisor, and through him to the Department Chairman or other administrator at that level, or in the case of the WCGSMS, to the Associate Dean.

If the hazard is chronic, or only potential or suspect, and if the danger to others is not immediate, the supervisor should report his evidence through his superior to the Department Chairman or other appropriate administrator at that level (in the Graduate School, the Associate Dean), who will be responsible for initiating any immediate action that he may deem to be necessary or appropriate.

Informing the Person Involved

When the Department Chairman or other administrator at that level (in the Graduate School, the Associate Dean) receives a report that a person may represent a potential hazard, he will inform this person promptly and fully of the report that has been made concerning him, of the immediate actions that have taken, and of the investigations that are anticipated. He will give the person an opportunity to respond, will assure him of his right to introduce evidence, and will make an effort to enlist his cooperation.

Informing the Administration of the Medical College

After considering the information available in the case, the Department Chairman or other administrator at that level will report this information along with any comments that he believes to be appropriate to the Dean (if a member of the academic staff is involved); to the Senior Associate Dean for Student Affairs (if a student is involved); or to the Associate Dean (Human Resources) (if any non-academic Cornell employee is involved).

In each case a copy of the report will be sent also to the Office of the Dean and to the Office of Legal Affairs, which will review the information available and advise the appropriate administrator, in order to insure compliance with the necessary procedures, fulfillment of the responsibilities of the WCMC (including WCGSMS), and protection of the rights of the individual concerned.

Investigation of Potential Hazards

The underlying principles governing the reporting, investigation, and actions taken with respect to potential hazards should be the same for all people, whether they are students, academic staff members, or other employees.

Members of the Medical College community fall into three groups: the academic staff (including all individuals with academic appointments at the Medical College and the WCGSMS whether salaried or not), the students, and other employees. The actual administrative procedures for the investigation of potential hazards within these groups are carried out by somewhat different procedures. However, it should be understood that there will be no discrimination between academic staff members, students, and employees with regard to the level of proof required, the concern for the rights of the person, and the general nature of

the corrective procedures, that are carried out. The Office of Legal Affairs and the Dean's Office will monitor the procedures in every case, to insure that this is true.

In the case of medical students, investigations will be carried out through the Office of the Senior Associate Dean (Student Affairs), utilizing, when necessary, a special *ad hoc* Fitness Review Committee of faculty members, who will call upon medical and other consultants and examiners, if necessary, in order to determine the facts in each case, and will recommend to the Dean what action should be taken.

In the case of graduate students, investigations will be carried out through the Office of the WCGSMS Associate Dean using an ad hoc committee when necessary as described for medical students.

In the case of academic staff members, the Dean, after consulting with the Department Chairman, will, when necessary, appoint an *ad hoc* committee of faculty members, who will then call upon medical and other consultants and examiners, if necessary, in order to determine the facts of each case and to recommend to the Dean what action should be taken.

In the case of other employees, the Associate Dean (Human Resources), after informing the Dean's Office and the Office of Legal Affairs, will ask the Department of Occupational Health to carry out any necessary medical investigations by using its own staff and calling upon outside consultants when necessary.

Decision as to Whether a Potential Hazard Exists

The decision as to whether or not a potential hazard exists is an administrative responsibility. When it is brought to the attention of the senior responsible administrator that there is sufficient reason to believe that a potential hazard exists, based on the occurrence of acts, behavior or conditions outlined in Section I, it is the responsibility of this administrator to initiate the effort to determine whether or not the hazard actually does exist, and to take whatever long-range action is necessary to protect patients, students, or employees of the Medical College.

As a part of the effort to determine whether or not a potential hazard does exist, and to initiate the proper action, it can be expected that the administrator will call upon the opinions and the experience of appropriate members of the professional staff, of the Department of Occupational Health, and of the Human Resources Department, as well as other medical or legal consultants; and the information and opinions provided by these consultants may be critical in determining the decision that is made by the administrator. Nevertheless, the decision as to whether or not there is a potential hazard and what action is to be taken must be an administrative decision.

The responsibility for initiating and carrying out the actions that are described in this section rest with the Dean (in the case of members of the academic staff), with the Senior Associate Dean for Student Affairs (in the case of students), and with the Associate Dean (Human Resources) (in the case of non-academic employees); and the responsibility for the ultimate decision rests with the Dean.

Confidentiality

Because of the potential harm to the reputation, associations, and career of a person who is suspected of being a source of hazard, every effort should be made to protect the confidentiality of the information concerning him, and the actions taken in his case. However, in view of the responsibility of the Medical College and of its staff for the protection of patients, students, employees, and other people from harmful acts or conditions of its staff or employees, there cannot be a guarantee of complete confidentiality when this runs counter to other legal and ethical responsibilities.

Protection of the Rights of the Individual

To identify an employee as a "hazard" to other employees or to the public could have a severely adverse effect upon his career, his employment, and his standing in the eyes of other people. On the other hand, to fail to identify and deal properly with employees who are potential hazards might do severe damage to the institution, to its other employees and students, and to the patients and other members of the public whom the institution wishes to protect. These two considerations may be complicated by the fact that in many cases, a decision as to whether a hazard does or does not exist must be based upon the informed judgment of experienced people, and that there may be legitimate differences of opinion about the conclusions reached.

For these reasons, when a person is reported to be a potential hazard, this report and the investigation stemming from it shall be held in strict confidence by those individuals with whom the information is shared until all of the facts have been ascertained; if the findings indicate that a potential hazard does exist, the actions undertaken shall be carried out as discreetly and confidentially as possible, with as little harm to the person, his career, and his standing in the community as is possible, and as much effort to be helpful and rehabilitative as possible.

It is extremely important to ensure that the medical and administrative investigations of reports be carried out in a fully competent manner, and that the actual presence or absence of a hazard be ascertained as concretely and definitively as possible.

It is also important that the person about whom the report has been made be fully informed of the nature of the report; that every effort be made to get him to cooperate with and understand that both medical and administrative investigations are necessary; and that he be given an opportunity to object to any procedures that he thinks are inadequate or inappropriate, and to ask for additional procedures or confirmatory opinions, if he wants these.

When reports of potential hazards are received in the Dean's Office, the staff and the Medical College legal advisor will ensure that these are directed to whichever of the three channels of investigation are appropriate, and ensure that the employee agrees to this. If the employee contends that no potential hazard exists and refuses to agree to an investigation by the usual procedure, the Dean may, at his discretion, convene an ad hoc committee of not more than three faculty members, who will consider the report and the evidence and will advise the Dean on whether or not an investigation should be carried out by the Medical College regardless of the wishes of the employee, and how this might be carried out.

Actions to Be Taken

The administrative actions to be taken in any case must be based upon all the facts that are pertinent to that case. Whatever the actions, they should be taken as discreetly as possible with an effort to protect the privacy of the individuals concerned. Where there is the reasonable possibility of medical treatment or other rehabilitation, an effort should be made to extend this to the person who has been deemed a hazard, and to restore this person to his full ability and capabilities if this is a reasonable thing to do.

SUBSTANCE ABUSE POLICY

The WCMC, including WCGSMS, recognizes that its students are potentially vulnerable to the alarming personal and societal problems caused by alcohol and drugs. Therefore, the WCMC offers aid to students who seek help for a drug or alcohol problem. Illegal possession of, distribution of, or trafficking in any drugs, or the abuse of drugs or illicit use of mind-altering drugs, or the abuse of drugs or alcohol are violations of WCMC policy.

In the case of graduate students, such violations are not in accord with the Student Responsibilities as set forth in these standards of conduct (see page 1). Alleged violators will be reviewed according to the **Code of Legislation of the Graduate School, Section XIV, paragraphs 87 – 89.**

Statement on Illegal Drugs and Substances

State and Federal law prohibit the possession, use and distribution of illegal drugs and substances.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any member of the WCMC community, including employees, faculty members, students and visitors, is prohibited at all Cornell facilities including residences. Appropriate action including termination and/or dismissal will be taken for violations of the foregoing prohibition.

The University recognized the convincing medical evidence that the use of illegal drugs and substances poses a significant threat to health and condemns the use of such drugs and substances as harmful to the physical and psychological well-being of the user and the well-being of the Cornell community.

Notify the person's supervisor, department chairperson, or dean of any criminal drug statute conviction (including acceptance of a guilty plea by a judicial authority) for a violation occurring in the workplace no later than five (5) days after such conviction.

The University will not condone criminal activity on its property, or on property under its control, and will take appropriate action whenever such conduct is discovered to enforce the law and its own internal regulations.

Statement on Drug and Alcohol Abuse

Federal and New York laws and University regulations prohibit the illegal possession, use and distribution of illicit drugs and alcohol.

The unlawful manufacture, distribution, dispensation, possession, or use of an illicit drug or alcohol by any member of the Weill Medical College community, including employees, faculty members, students and visitors, is prohibited at all Cornell facilities (including residences) and activities. Appropriate action including termination and/or dismissal will be taken for violations of the foregoing prohibition.

The University will not condone criminal conduct on its property, or at Cornell or student sponsored activities, and will take appropriate action whenever such conduct is discovered to enforce the law and its own internal regulations. Violators of Federal and state laws may also be referred to appropriate civil and criminal authorities for prosecution.

Drug-Free Workplace Policy and Statement

The Drug-Free Workplace Act of 1988 requires WCMC, as a Federal grant recipient and contractor, to certify that it will provide a drug-free workplace by, among other actions, requiring that each person engaged in a Federal grant or contract (including personnel and consultants) be given a copy of this Statement and notifying such person that as a condition of participation in such grant or contract, the person will:

- abide by the terms of this Statement; and
- notify the person’s supervisor, department chairperson, or dean of any criminal drug statute conviction (including acceptance of a guilty plea by a judicial authority) for a violation occurring in the workplace no later than five (5) days after such conviction.

WCMC shall, within thirty (30) days after receipt of notice take appropriate action against such person up to and including termination or dismissal, and/or require such person to satisfactorily participate in a drug assistance or rehabilitation program.

Sanctions

Violations of University Policy can result in termination, suspension or expulsion from the university.

Faculty and non-academic staff can be subject to disciplinary action up to and including termination of employment.

Student violators can be subject to disciplinary action up to and including dismissal. Any drug or alcohol abuse violation may become part of a student's permanent record and may impact on a student's fitness or suitability for advancement.

Examples of legal sanctions under Federal and New York laws:

(Sanctions can include severe criminal penalties such as fines and/or imprisonment. The severity of the penalty depends upon the nature of the criminal act and the identity and amount of the drug involved).

LSD: Possession with intent to sell can result in up to seven years in prison.

Marijuana: Sale to a person under the age of 18 years can result in up to seven years in prison.

Cocaine: The possession of four or more ounces, or the sale of two or more ounces, can result in a minimum of 15-25 years, and a maximum of life in prison.

Alcohol: It is illegal in New York:

- For anyone under the age of 21 to possess with the intent to consume alcohol. A violation can mean up to a $50 fine.
- For anyone of any age to give or sell alcohol to anyone under the age of 21, to anyone who is already drunk, or to anyone who is habitually drunk. A violation can mean three months in jail and up to a $500 fine.
- To practice medicine when impaired by alcohol (or any mind-altering drug), or for a licensed physician to be an habitual alcohol or drug abuser. A violation can mean loss of professional license and up to a $10,000 fine.

Health Risks

The University recognizes the convincing medical evidence that alcohol abuse and the use of illegal drugs and substances pose a significant threat to health and condemns alcohol abuse and the use of such drugs and substances as harmful to the physical and psychological wellbeing of the user and the well-being of the Cornell community.

The following list by category is only a short sampling of some risks involved:

Narcotics: Slow and shallow respiration, clammy skin, convulsions, coma, and death.

Stimulants: Increased pulse rate, blood pressure and body temperature; insomnia, agitation, convulsions, possible death.

Hallucinogens: Illusions and hallucinations, distorted perception of time and distance, psychosis, possible death.

Cannabis: Disoriented behavior, fatigue, paranoia, and possible psychosis.

Alcohol: Drowsiness, impairment of judgment and coordination, liver and heart damage, respiratory depression and death. Mothers who drink during pregnancy risk giving birth to infants with fetal alcohol syndrome which can include irreversible physical abnormalities and mental retardation.

Counseling and Treatment

Cornell provides various awareness and education programs for faculty, staff and students about the dangers of illegal drugs and the abuse of alcohol. Confidential support services are available for those with abuse problems who individually pursue treatment and counseling.

A Drug-Free and Alcohol Abuse Awareness Program has been established at Cornell to inform members, staff and students about the dangers of drug and alcohol abuse in the workplace, the University's policy of maintaining a drug-free workplace, available drug and alcohol abuse counseling, rehabilitation and employee assistance programs, and the potential penalties for drug and alcohol abuse violations. Further information is available from the Human Resources Department, supervisors, department chairpersons or deans.

The Employee Assistance Program (EAP) is a short-term counseling and referral service for drug and alcohol abuse as well as other employee concerns. Through the EAP, eligible employees and their dependents may obtain free counseling for substance and alcohol abuse issues which affect them and their families. EAP counselors will assess each case and may make a referral to an appropriate internal program or outside agency best suited to address the rehabilitation needs. EAP counselors will also assist in determining how Cornell health insurance will be helpful in covering costs. The Academic Staff Handbook and Employee Handbook contain further information about the Employee Assistance Program. An EAP counselor can be contacted by calling 212-746-5890.

Professional staff and advisors are available to assist and direct students to internal and outside programs. Students may also obtain assistance by contacting the Weill Medical College Student Health Service at 746-1450 or the Student Mental Health Service at 212-746-5775.

Institutional Review

WCMC will conduct a biennial review of its drug and alcohol abuse policies and programs to determine the effectiveness of such policies and programs, implement any necessary changes, and endure consistent enforcement of required sanctions.

NO SMOKING POLICY

Smoking is prohibited on the WCMC campus, including buildings, courtyards, entrances, garages, plazas, sidewalks, and all facilities controlled by WCMC.

Students who observe anyone smoking on campus should courteously notify the person smoking that smoking is prohibited or alert security officers or Environmental Health & Safety to the infraction.

Students seeking to quit smoking may contact the Student Health Service to receive information about and referrals to smoking cessation programs.

Appendix IV. Emergencies, Safety, and Security

REPORTING CRIMES, EMERGENCIES, AND SUSPICIOUS BEHAVIOR

Incidents of crime and other serious emergencies which require immediate assistance and which occur on the Medical College campus should be reported to the New York City Police Department ("NYPD") by dialing 911 and NewYork-Presbyterian Hospital Security ("NYPH Security") at (1-212-74)6-0911. Reports may be made on a confidential basis.

An operator will ask you some routine questions such as your name, address, call-back number, and the nature of the incident you are reporting. Do not hang up until the operator tells you he or she has all the essential information. Information you can provide may be crucial to the safety of everyone involved in the call. If you believe you are in a hazardous situation and cannot remain on the call long, tell the operator this at the beginning of your call. The operator can then request the minimum information needed to get you help, and you can get to a safe place. The operator will need to know where you are and what happened so the appropriate help can be sent quickly.

As difficult as it can be in an emergency, try to remain calm. It can be difficult to understand what a caller is saying for a variety of reasons, including language barriers and bad telephone connections. Strong emotions make effective communication even harder.

Additionally, students should report any crimes or other security concerns involving the Medical College and its students that occur off campus to NYPH Security. Such information assists the Medical College with reporting and notification requirements that help ensure the safety of the Medical College community.

Additional Emergency Contacts

Medical College

Engineering & Maintenance (facilities emergencies)	(1-212-74)6-2288	
Emergency repairs in campus housing	(1-212-74)6-1001	Monday-Friday, 9AM-5PM
	(1-212-74)6-1009	other times
Environmental Health & Safety (fire, chemical, biological, and radiological releases)	1-646-WMC-SAFE (962-7233)	Monday-Friday, 9AM-5PM

New York Presbyterian Hospital-New York Weill Cornell Campus

Security	(1-212-74)6-0911	any time
Fire	(1-212-74)6-FIRE (3473)	any time
Facilities Operations (facilities emergencies)	(1-212-74)6-1920	

Environmental Health & Safety	(1-212-74)6-1926	
Rape crisis program (emergency department)	(1-212-74)6-5050	
Counseling (social work)	(1-212-74)6-4320	
Switchboard	(1-212-74)6-5454	any time
Administrator On Call	(1-212-74)6-5020	any time

Graduate School Administrators

Students may also contact these administrators to report a crime or to share a personal concern:

Dean (Dr. David P. Hajjar)	(1-212-74)6-6900	
Associate Dean (Dr. Randi Silver)	(1-212-74)6-5006	In an emergency, Dr. Silver may also be reached at: 1-917-698-3028
Assistant Dean (Francoise Freyre)	(1-212-74)6-6565	In an emergency, Ms. Freyre may also be reached at: 1-917-836-1967

Emergency Alerting

Emergency alerts are posted to the emergency information web site at http://cornellemergency.org, and may also be heard by calling (1-212-74)6-WCMC (9262).

Response guides for specific types of emergencies are available at the Emergency Information web site.

In an emergency, the Medical College will notify students using the Emergency Notification System (ENS). The ENS can send simultaneous notifications to all students or select groups via email, cell phone, and text messaging. All students are responsible for ensuring their contact information is accurate in the ENS. Further information and instructions to update contact information are at http://cornellemergency.org/notification.

Persons may also receive emergency alerts from New York City by registering for Notify NYC at http://nyc.gov/notifynyc.

SUSPICIOUS BEHAVIOR

Students should report suspicious behavior to the NYPD and NYPH Security. It is important to remember that behavior, not a person, is suspicious. Signs of behavior that might be suspicious are:

- A person running and looking about furtively, as if he or she were being watched or chased.
- A stranger carrying property at an unusual hour or location, especially if the items are stereo equipment, office machinery, or a locked bicycle.
- A person going door-to-door in an office or residential building.
- Any person forcibly entering a locked vehicle or building.

- Transactions being conducted from vehicles, especially near schools or parks.
- A person or persons sitting in a parked car and closely scanning the area.
- A person exhibiting unusual mental or physical symptoms.
- Unusual noises, including gunshots, screaming, sounds of fighting, barking dogs, or anything suggesting danger or illegal activity.

Students should report suspicious persons without proper identification in Medical School facilities to NYPH Security.

CRIME PREVENTION TIPS

- Keep yourself, your residence, your office, and your car safe by incorporating safe behavior into your daily routine.
- When you leave your room or office, even for a moment, always keep your doors and windows locked.
- Never leave your purse, wallet, book bag, notebook computer, or other property unattended, even for a moment.
- Be careful when people stop you for directions or money. Always reply from a distance; never get too close to the car or the person. If you feel uncomfortable about someone near you, go somewhere with people around and call the police or NYPH Security.
- If you are out after dark, use only well-lit routes and travel in groups when possible. Avoid construction areas, particularly sidewalks shadowed by scaffolding.
- Walk with the appearance of confidence. Make eye contact with passersby, and keep a firm grip on your property.
- Have keys ready so you can quickly get into your car or home.
- Although it seems courteous to open doors for others, especially persons carrying groceries or packages, do not open doors for strangers.

CAMPUS SECURITY REPORT

In addition to the information contained above, The Medical College and Graduate School of Medical Sciences annually distribute a campus security report to all students and employees containing descriptions of policies and procedures for reporting crimes and emergencies and campus crime data. The report lists telephone numbers and contact information for security in campus facilities and residences. Policies and procedures for handling sex offenses and programs for victims are also described.

On request, prospective and current students and employees can receive the report from the Admissions Office or the Office of Human Resources. The report is also available at http://weill.cornell.edu/education/student/pdf/security.pdf.

Campus crime statistics can be accessed at http://ope.ed.gov/security/search.asp. The Advisory Committee on Campus Security will also provide upon request all campus crime statistics as reported to the United States Department of Education.

Comments

The Advisory Committee on Campus Security Committee may be reached by e-mail at CampusSecurity@med.cornell.edu.

FIRE SAFETY

Fire safety includes fire alarm activation response, fire emergency response, emergency evacuation, and fire prevention. The Medical College develops guidelines and procedures addressing these topics, periodically reviews and updates procedures related to fire safety, develops training programs and exercises to increase awareness amongst faculty, students and staff, and collects data on the effectiveness of the various fire safety program components.

Most areas in Medical College buildings are monitored by an early warning fire detection system and protected by fire sprinklers. Upon the activation of any fire sprinkler or fire detection or alarm-initiating device, there is an audible and visual indication throughout the building that the fire alarm has activated, while simultaneously notifying the NYC Fire Department of the potential fire emergency. Students must respond to all fire alarm activations and assume that each activation is a real fire emergency. Ignoring a fire alarm activation is against Medical College and NYC guidelines governing fire alarm activation response.

Every student is responsible for following guidelines governing Fire Prevention including controlling the accumulation of trash and other combustibles, complying with the Medical College "No Smoking" policy; following guidelines prohibiting the use of unapproved open flames such as candles, canned cooking fuels, and propane gas; and using caution when heating and cooking food such as using microwaves and toasters.

Fire Safety Rules

Students must follow all Medical College requirements and guidelines related to fire safety and fire prevention. Students may access this information on the Environmental Health & Safety website at: http://weill.cornell.edu/ehs/

Specific fire safety topics may be found in the Fire Safety Manual: http://intranet.med.cornell.edu/ehs/FIRE.pdf

During fire and other emergencies, fire alarm activations, and fire drills, all students must follow instructions of Medical College employees.

Residential Fire Safety Plans

Students should be familiar with their Residential Fire Safety Plan specific to their building. Residential Fire Safety Plans are distributed to all incoming students living in Medical College residential buildings. Plans are updated annually and re-distributed to residents during National Fire Prevention Week in November. Residential Fire Plans are also available on the EHS web site: http://weill.cornell.edu/ehs/manuals.htm

Tampering with Fire Alarms and Malicious Alarm Activations

Tampering with fire safety equipment such as fire extinguishers, or fire protection system devices including smoke detectors and sprinkler heads is unlawful and subject to disciplinary action by the Medical College.

Transmission of a false fire alarm is punishable as a Class A Misdemeanor under New York State Penal Law § 240.50. Violators of this law will also be subject to disciplinary action by the Medical College.

Fire Safety Procedure

If you discover fire or visible smoke, immediately:

- Follow R.A.C.E. procedure:

  R – Remove yourself from the affected area and provide assistance to others requiring it.

  A – Activate the fire alarm by pulling the red fire alarm manual pull station located next to each fire exit. Shout "Code Red" to alert other occupants

  C – Confine/contain smoke by closing doors as you leave the area

  E – Evacuate using the safest/shortest route of travel to the fire exit

- All students should know the location of at least two fire exits on their floor and the shortest path of travel.

- Never use an elevator during a fire emergency.

- Once outside the building, move away from the building's entrance to allow Fire Department responders to enter.

- Follow instructions of Environmental Health & Safety, Security, and Housing personnel.

Questions

Direct questions concerning fire safety to Environmental Health & Safety: (212-74)6-6201).