

CODE OF LEGISLATION
OF THE
WEILL CORNELL
GRADUATE SCHOOL OF MEDICAL SCIENCES
OF CORNELL UNIVERSITY

Revisions:

October 1970
10 April 1971
19 January 1973
11 June 1976
13 April 1977
10 June 1982
29 December 1982
28 June 1992
5 January 1999
6 April 2010
16 June 2020

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. Since then, the following Doctor of Philosophy (PhD) programs and Master of Science (MS) programs were established and/or Program names were changed:

- MS Program in Clinical Epidemiology and Health Services Research (1995)
- PhD Program in Physiology, Biophysics and Molecular Medicine was created from the merger of the Interdisciplinary Training Program of Molecular Medicine with the Physiology and Biophysics Program (1998). The Program name was changed to Physiology, Biophysics, and Systems Biology in 2004.
- Name change: the Immunology Program was changed to Immunology and Microbial Pathogenesis in 2004.
- MS Program in Clinical Investigation (2005)
- MS Program in Health Sciences for Physician Assistants (2009)
- Name change: the Cell Biology and Genetics Program name was changed to Cell and Developmental Biology to better reflect the scientific focus of the Program (2009).
- Executive MBA/MS Program in Healthcare Policy & Research (2016)
- MS Program in Healthcare Policy & Research (2017)
- MS Program in Computational Biology (2018)

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 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.”

TABLE OF CONTENTS

- I. PURPOSE AND NATURE OF GRADUATE STUDY
- II. DEGREES
- III. THE FACULTY OF WCGSMS
- IV. THE DEAN, ASSOCIATE DEANS AND ASSISTANT DEANS
- V. THE EXECUTIVE COMMITTEE
- VI. PROGRAMS OF INSTRUCTION AND THEIR GOVERNANCE STRUCTURE
- VII. STUDENT PETITIONS
- VIII. ADMISSION
- IX. STATUS OF STUDENTS
- X. GENERAL REQUIREMENTS
 - A. ACADEMIC CALENDAR
 - B. REGISTRATION
 - 1. Requirements of Registration
 - 2. Continuity of Residence or Registration
 - 3. Transfer of Residence Credit or Registration Credits
 - 4. Study in Absentia
 - 5. Leave of Absence
 - 6. Externships and Internships
 - C. INSPECTION OF STUDENT RECORDS
 - D. SPECIAL COMMITTEES
 - E. EXAMINATIONS
 - 1. Examination for Admission to Doctoral Candidacy
 - 2. Final Examination for Candidates for the Degree of PhD
 - F. PHD DISSERTATIONS AND MS THESIS
- XI. PHD GRADUATE STUDENT EVALUATIONS
- XII. GOOD STANDING AND PROBATION
- XIII. GREIVANCE PROCEDURE
- XIV. POLICIES AND PROCEDURES FOR TRANSFER/DISMISSAL OF A STUDENT IN THE PHD OR MS PROGRAMS
- XV. COURSES AND GRADING
- XVI. FINANCIAL ASSSISTANCE
- XVII. TUITION AND OTHER FEES
- XVIII. THE WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES CATALOGUE
- XIX. MODIFICATIONS AND AMENDMENTS TO THE CODE OF LEGISLATION

- APPENDIX I. Admission to Candidacy Exam Regulations
- APPENDIX II-1 WCGSMS Grievance Procedure for Graduate Students Relating to Graduate Training, Education and Support
- APPENDIX II-2. Learning Environment and Trainer Learner Committee
- APPENDIX II-3 Weill Cornell Medical College and Weill Cornell Graduate School of Medical Sciences Policy and Procedures Governing Research Integrity
- APPENDIX II-4. Memorial Sloan-Kettering Policy and Procedures for Responding to Allegations of Research Misconduct
- APPENDIX III. Access to Student Information
- APPENDIX IV. Standards of Conduct & Title IX
- APPENDIX V. Emergencies, Safety, and Security

CODE OF LEGISLATION
OF THE
WEILL CORNELL
GRADUATE SCHOOL OF MEDICAL SCIENCES
OF CORNELL UNIVERSITY

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. This is further articulated in our [vision statement](#) available on the WCGSMS website.

The advanced degrees administered by WCGSMS fall into two main categories: general research degrees and professional degrees, reflecting the academic degrees recognized by the New York State Education Department.

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.

The Master of Science (MS) degree is designed for those students who wish to obtain further education in a selected field and to develop their ability for critical inquiry, independent research, and clinical care.

II. Degrees

3. 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 inform the Provost of Cornell University, the Board of Overseers of WCMC and the Board of Trustees of Cornell University of the establishment, modification or discontinuance of programs leading to advanced degrees.

4. 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.
5. 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, the process for an appeal is as described in Section XII, paragraph 105.
6. The Faculty of the WCGSMS cannot 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.
7. 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 Special Committee (Section X) or equivalent MS Program committees are expected to provide guidance and advice.
8. Degrees are granted in August, December, 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 academic calendar 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 Registrar will issue a temporary certificate stating that the requirements have been satisfied with conferral expected at a specified later date. After the award of the degree has been approved, the Dean via the WCGSMS Registrar may withhold or postpone the granting of the degree or release of the diploma and final transcript for non-academic reasons, such as nonpayment of bills or fees.
9. The WCGSMS invites all candidates who have satisfied requirements for degree conferral for the August, December, or May dates during the preceding academic year to participate in the Commencement exercises in the spring.

III. The Faculty of the WCGSMS

10. WCGSMS is composed of the Weill Cornell Medical College Division (WMCD) and the Sloan-Kettering Division (SKD).

11. 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 and Assistant Deans 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 12.
12. The academic staff consists of Professors, Associate Professors, Assistant Professors and Instructors who hold the same rank among the Faculty of the WCMC and Cornell University; the members of the professional staff of SKI and the Human Oncology and Pathogenesis Program of Memorial Hospital (MH); and select professional staff members of Memorial Sloan Kettering Cancer Center. 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. Appointment to, and acceptance of, membership on the Faculty of the WCGSMS carries special requirements and responsibilities as described in paragraph 14. Faculty are appointed to the PhD Faculty, Master's Faculty, or both, with rights and responsibilities as faculty for the training towards the degree to which they are appointed.
13. 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.

Membership in a PhD Program requires 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 didactic contributions to the Program. Membership in a MS Program 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.

14. Recommendations of potential Faculty of the WCGSMS may be submitted by the Program Chairperson(s) to the Dean for appointment following approval by a majority of the voting members of the Faculty of that Program. Potential faculty may only be nominated to the same rank they hold at their parent institution (Instructor, Assistant Professor, Associate Professor, or Professor). Votes are to be solicited from all eligible Faculty members in the Program. Before balloting, the Program Chairperson(s) 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(s) will forward the nominations, including a breakdown of the Program vote, 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.
15. 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 they are affiliated. The procedures of review and criteria for reappointment will be determined by each Program.

Membership in a PhD Program is dependent on the items listed in paragraph 14 plus 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 Master's 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.

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(s) 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 on the WCGSMS website.

IV. The Dean, Associate Deans and Assistant Deans

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 Board of Overseers.
18. At an announced meeting of the WCGSMS Faculty, the Cornell University Provost for Medical Affairs shall present their nominee to be the WCGSMS Dean to solicit the opinion of the WCGSMS Faculty on such nominee. The Provost for Medical Affairs shall report the opinion of the WCGSMS Faculty to the Board of Overseers and the Board of Trustees before approval of such nominee. The term of appointment of the Dean is five years, with provision for additional terms of appointment.
19. The Associate and Assistant Dean(s) of the WCGSMS are appointed by the Dean of WCGSMS, after consultation with the Director of SKI, to assist the Dean in the fulfillment of the Dean's responsibilities. The Associate Dean(s) are *ex officio* member(s) of the EC of the WCGSMS and act for the Dean as the principal administrative officer of the WCGSMS in the absence of the Dean. The duties and responsibilities of the Associate and Assistant Dean(s) are as defined by the Dean.

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(s) 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/or credit hours theses or dissertations; to act upon petitions; to resolve student issues involving potential academic dishonesty or misconduct or lack of professionalism, through an appeals process noted in the Grievance Policy.

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 at a minimum of three times annually. Additional meetings may be held at the request of the Dean or a majority of the members of the EC.
25. A meeting of the EC votes require a quorum defined as a majority of the voting members (Chairs and Co-Chairs) of the EC.
26. Student representatives (non-voting) to the EC are the President and Vice President of the Graduate School Executive Council. 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.

VI. Programs of Instruction and their Governance Structure

27. Except as otherwise noted, the term “Program” corresponds to the Programs of Study in the WCGSMS. 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. Faculty members desiring association with a Program must be accepted by the Program as provided in Section III-14. Programs of Study are listed on the WCGSMS website.
28. Tri-Institutional PhD Programs

WCGSMS students who are a part of a multi-institutional PhD programs (such as the Tri-Institutional PhD programs) are subject to all aspects of this Code of Legislation. Because such students will receive their doctoral degree from Cornell University via WCGSMS, in the case of any inconsistency between this Code of Legislation and their Program rules, this Code of Legislation is the superseding authority.
29. Faculty desiring to constitute a new Program must submit a proposal initially to the Dean, and upon their approval, to the EC for formal approval. New Programs of Study must be approved by the University Provosts Council, then the Board of Trustees, and then the New York State Board of Regents. Some programs will also require approval by external accrediting bodies.
30. Each Program is represented on 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.

31. Each Program appoints a Director from among the Program faculty membership to oversee Program activities. The appointment is made by the Chairperson. A Director may serve no longer than five years without approval of the WCGSMS Dean. A Program may appoint two Co-Directors in lieu of a single Director.
32. Each Master and Doctoral Program Director may involve up to 2 additional faculty members to comprise a 3-person Academic Standards Committee to review student academic progress and attendance on a semester basis. This Academic Standards Committee will recommend whether to place specific students on academic probation and/or remediation (section XII).
33. The WCGSMS website 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, and describes the scientific research, coursework and degree requirements associated with the Program. The Programs are responsible for updating the website annually.

VII. Student Petitions

34. Students have the privilege of requesting exceptions to the regulations of this Code, but must submit convincing evidence that exception is needed and warranted. Students should address their petitions to the Dean, with copies to the WCGSMS office, and the Major Sponsor.
35. The Dean and the EC together have the power of granting exceptions to specific legislation in the Code if, in their judgment, such action accords with fundamental educational principles of the WCGSMS. When the Dean acts negatively on such a petition, the student will be informed by the Dean that they have the right to have their case reviewed by the EC.

VIII. Admission

36. To be admitted to the PhD or MS Program 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 their previous record.
37. No person shall be denied admission to WCGSMS on the basis of federal, New York State or New York City legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, sex, sexual orientation, marital status, gender identity or expression, age, disability, genetic or veteran status, or any other legally protected status.
38. Application procedures, requirements, and deadlines for all PhD and MS Programs are described on the WCGSMS website.
39. Each Program establishes an Admissions Committee, which reviews the completed applications of students wishing to enter the Program for major study. The Program

Admissions 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 WCGSMS Dean Office recommendations for admission or rejection.

40. The Dean has final authority in matters of admission, guided by the recommendations of the Programs of Study. There will be a WCGSMS Admissions Committee for PhD Programs comprised of the Dean, including a representative of SKI, and the Dean's leadership team. For Master's Programs, the chair of the Program Admissions Committee will propose candidates for approval to the Dean.
41. The recommendations of the PhD Programs Admissions Committees will inform the final admissions decisions, which will be made by the WCGSMS Admissions Committee.
42. All members of Program Admissions Committees and the WCGSMS Admissions Committee must maintain strict confidentiality regarding applicants, all application documents, discussions, and decisions. They must abide by the Conflict of Interest Policy of Cornell University ([Policy 4.14](#)). A conflict of interest could occur when any factor might affect an objective, unbiased assessment of an applicant's qualifications for admission. Such factors might include:
 - Personal relationship with the applicant or a family member
 - Professional relationship with the applicant or a family member
 - Any situation motivated by a Member's self-interestIf a potential conflict is identified by a member of the Admissions Committee, the Member should disclose the information and the Committee must determine whether the Member should be recused.
43. An accepted applicant who wishes to defer admission must submit that request to the Program, which can choose to endorse or deny the deferral request at the discretion of the Program. If endorsed, the Program should seek final approval from the Dean. To be granted a deferral, the applicant must formally accept the offer of admission and formally decline any admission offers from other schools. The student will be required to formally re-confirm enrollment to the WCGSMS office no later than January 1 of the year to which the deferral of enrollment was allowed.
44. Credentials of rejected applicants and of accepted applicants who fail to register are purged two years after the beginning of the semester for which they sought admission. Credentials of accepted applicants who register form a part of their permanent record. Letters of recommendation are strictly confidential and may not be used for any purpose—other than official admissions procedures and application for financial support—without the written consent of the author. In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), an applicant may waive the right to inspect a recommendation. An applicant who decides not to waive the right will have access to the recommendation if the individual registers in WCGSMS.

IX. Status of Students

45. Every student matriculated in the WCGSMS must adhere to the requirements of their MS or PhD program as well as those of WCGSMS.

46. 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. Doctoral students may also request a change to MS status prior to the ACE or at any time post-ACE.
47. WCGSMS students who are part of one of the Tri-Institutional PhD Programs (paragraph 28) must join one of the standing WCGSMS PhD Programs at the same time that they declare their Major Sponsor. The Major Sponsor must be a faculty member in the WCGSMS PhD Program the student joins. The student must adhere to all of the rules of that WCGSMS Program and their Tri-Institutional PhD Program.

X. General Requirements

A. Academic Calendar

48. The academic calendar for each year is posted on the WCGSMS website. The summer is considered as part of the academic year.

B. Registration

49. At the beginning of each term, the student is required to maintain matriculation by registering for coursework or research. Any student who has failed to register for coursework or research 45 days into the semester, without good cause, will be administratively withdrawn from the school.

(1) Registration Requirements

- a. PhD and Masters Programs use credits to quantify degree requirements. Students register in courses for credit. "Credit" means participation under conditions determined by the Program offering the course. Courses taken for credit will be recorded in the students' official transcripts. For post-ACE PhD students, full time research credit is awarded based on the per semester review of the Academic Standards Committee (paragraph 32).
- b. Registration requirements for degrees granted by WCGSMS are as follows:
 - PhD from one of the Programs of Study: 72 credit hours minimum*
 - MS from one of the PhD Programs of Study: 30 credit hours minimum

*MD-PhD students are awarded 12 credit hours for satisfactory completion of the foundational curriculum of medical school. A student who has satisfactorily completed two or more academic years of study toward the degree of MD from the WCMC may be accepted as having satisfied not more than 24 credit hours toward the degree of PhD by approval of the Program and the Dean.

- c. Each academic year the Special Committee attests degree progress to the Registrar via the thesis committee meeting evaluations.
- d. An international student who must terminate study to return to their country before completing the requirements for a degree, may secure an Attestation of Study in Residence from the Registrar.

- e. Credit and credit equivalencies are officially recorded by the Registrar.

(2) Continuity of Residence or Registration

- a. Each candidate for an advanced degree is expected to complete the Program's registration requirements with reasonable continuity. Each student 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 paragraph 66). Any student that has failed to register for coursework or research 45 days into the semester, without good cause, will be administratively withdrawn from school.
- b. The maximum number of years allowed, between first registration and completion of requirements for a degree, are as follows:
 - PhD: 7 years
 - MS: 4 years
 - MS in Health Sciences for Physician Assistants: 26 months unless otherwise recommended by the Program and approved by the Dean.

Time spent on authorized leave of absence does not count toward time-to-degree limits.

A student may appeal to the Dean to request an extension. Extensions for PhD students must use the "Appeal to extend PhD training beyond 7 years" form available via the WCGSMS website. Similarly, MS students must use the "Appeal" form designed for MS students on the website.

- c. A student who has fulfilled all degree requirements, with the 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.
- d. WCGSMS does not allow any student in residence to register for an advanced general or professional degree with any other school or college.

(3) Transfer of Residence Credit or Registration Credits

- a. On the basis of a transcript of record, PhD students who transfer from another school may, with approval of the Program and the Dean, be granted a limited number of credits for previous study in another graduate school. The credit hours must not exceed those that would be earned under similar circumstances at the WCGSMS and will in general be limited to a maximum of 24 credits. No less than 6 credit hours may be recommended.
- b. For MS students, no transfer of 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 by the Dean of WCGSMS is required prior to admission. Health Sciences for Physician Assistants students may, with Program approval, complete one external rotation for credit during their clinical year.

- c. Coursework taken by a WCGSMS student while they are an undergraduate will not be eligible for residence units or academic credits even if the coursework was a graduate level course.
- d. Special provision for participation in coursework from other institutions to complement graduate study can be made with approval of the Program and the Associate Dean for Academic Affairs. Any graded coursework accepted for transfer from another institution will be reflected on the WCGSMS transcript as pass/fail credits.
- e. Graded coursework accepted for transfer from another division of Cornell University will be reflected on the WCGSMS transcript with the letter grade awarded by the other division of Cornell University.

(4) Study in Absentia

- a. A candidate for the degree of PhD may, if approved by the Program and the Dean, be permitted to earn credits for study away from WCGSMS while regularly registered in the WCGSMS provided such an arrangement offers advantages for the completion of the candidate's research program. A candidate to whom this privilege has been granted shall continue to work under the general direction of their Special Committee and must continue to meet other registrarial and Program requirements. 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.
- b. A graduate student in the WCGSMS may undertake formal studies or may conduct research on the Ithaca campus if the student, by prior arrangement, registers in the Graduate School at Ithaca and works under the direction of advisors resident at Ithaca, who may be appointed as optional members of the student's Special Committees. This same privilege is available to graduate students from the Ithaca campus who find it desirable to conduct studies at the WCGSMS. The Cornell University Graduate Linkage (CUGL) program, is a program jointly administered by WCGSMS and Cornell University Graduate School (CU-I), and enables graduate students from either campus to spend one or more semesters on the other campus, learning skills or working with specific faculty.
- c. 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.

(5) Leave of Absence

- a. A PhD candidate who finds it necessary to interrupt the continuity of their registration must petition the Associate Dean of Academic Affairs for an official leave of absence via the WCGSMS leave of absence application form. The duration of the leave must align with federal requirements as implemented by the Registrar. The Associate Dean of Academic Affairs may grant or deny the petition. 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.

- b. If the leave is for medical reasons, the petition must be accompanied by a letter and documentation from a physician recommending the leave for the student and estimating the length of the leave.
- c. 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 and documentation 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.

(6) Externships and Internships

- a. Students interested in pursuing an externship or internship must do so in accordance with the rules and approval process outlined in the "[WCGS Externship/Internship Policy](#)" document available on the WCGSMS website.

C. Inspection of Student Records

- a. All work done by a candidate in preparation for an advanced degree, whether as earning credit or submitted in partial fulfillment of the conditions governing the degree, shall be freely available for inspection and evaluation by faculty and staff who have demonstrated a legitimate educational interest in the information. WCGSMS enforces policies to protect student data and to ensure its appropriate use through the stipulations listed under the [Family Educational Rights and Privacy Act \(FERPA\)](#). WCGSMS adheres to Policy 4.5 Access to Student Information approved by Cornell University.

D. Special Committees

- a. In Programs leading to the degree of PhD, the Special Committee is regarded as the agent of WCGSMS primarily responsible for the candidate's development and assessment of competence in the required learning proficiencies (gradschool.weill.cornell.edu/academics/learning-assessment). Committees within the Masters Programs fulfill parallel functions.
- b. The Special Committee includes the candidate's Major Sponsor and Weill Cornell Graduate School Faculty members. A candidate, typically with the advice of the Major Sponsor, shall select the members of their Special Committee from the current roster of the WCGSMS Faculty. The selection must be approved by the Program, and submitted to the WCGSMS office within 3 months after the completion of the ACE.
- c. Special Committee members may represent one or several Programs, unless otherwise restricted by Program requirements, as noted below. Members of the Cornell University Graduate Faculty resident at the Ithaca campus may serve as members of Special Committees. 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.

- d. 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. Special Committee meetings must be held, according to Sec. XI. 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.
- e. It is the prerogative of Special Committees to impose any training requirements which they deem educationally sound over and above the General Requirements (see Section XI).
- f. Members of a Special 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.
- g. Any Faculty member may resign at any time from a Special Committee. A candidate may also request a change in the membership of their Special Committee with the approval of the Major Sponsor and Program. Notice of such change must be filed immediately with the WCGSMS office. A vacancy on a Special Committee, caused by the absence of a member from the WCGSMS, may be filled according to the same rules of initial composition of the committee.

E. EXAMINATIONS

- a. Examination requirements for the Masters Programs are available in the academic handbook as published on the WCGSMS website.
- b. For students enrolled in the PhD Programs of Study, two examinations are required: (1) Admission to Doctoral Candidacy Examination (ACE) and (2) Final Examination for the degree of PhD. The Special Committee may require any additional examination that it feels is necessary to make a valid judgment of the progress of the candidate.
- c. The examinations must be formally scheduled with the WCGSMS office at least two months in advance for the ACE and 30 days in advance for the Final Examination. 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. Both examinations must be announced to members of the Faculty of the WCGSMS so that they may attend. The results of these examinations must be reported to the Academic Standards Committee of the Program and to the office of the Associate Dean, Academic Affairs of the WCGSMS immediately after the examination.

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

- a. After a candidate has completed at least 4 semesters of full-time equivalency (fewer than 4 semesters may be approved by the Dean for transfer students), the Academic Standards Committee of the student's Program shall meet to determine the candidate's qualifications for continuation of graduate study. The main component of this meeting is the administration of the Admission to Doctoral Candidacy Examination (ACE).
- b. The regulations, examination-committee composition, and protocols for the ACE are detailed in Appendix I.

- c. Students must sit for the ACE before June 30 of their second year.
- d. If a student passes the ACE, they are admitted to PhD candidacy.
- e. If a student passes the ACE for Master's Only, they are eligible to receive a Master's of Science at the next degree conferral date provided that they are in good standing. This degree is sometimes referred to as a "Terminal Master's Degree."
- f. If a student fails or otherwise does not complete the ACE, their status, rights, and privileges as a student in WCGSMS will be terminated, without the awarding of a degree, within 30 days.

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

- a. The Final Examination for the degree of PhD is oral and is designed to constitute a defense of the candidate's dissertation.
- b. The Examining Committee for the Final Examination consists of at least four members: a Chairperson plus the student's Special Committee. The Chairperson of the candidate's Special Committee cannot serve as Chairperson of the Examining Committee. The Committee also may include outside examiners if requested by the student, the Program Director, and other members of the Faculty, and if approved by the Dean.
- c. The Final Examination is preceded by a public lecture at which the student presents their dissertation work. Students and Faculty of the WCGSMS academic community are formally invited to attend.
- d. 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 WCGSMS. Faculty will be provided an opportunity by the Chairperson of the Examining Committee to question the candidate after the oral presentation.
- e. 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.

F. PhD DISSERTATION and MS THESIS

- a. 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 another member of the WCGSMS Faculty, who then becomes a member of the Special Committee (see Section X).
- b. 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.

There are program specific thesis or capstone requirements for each of the MS Programs as described in each of the MS Programs' rules.

- c. A candidate for the PhD degree must submit a draft of the dissertation to all members of the Special Committee at least 30 days 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 the dissertation. The content and/or format of this version may be modified as a result of the Final Examination; the dissertation copies must conform in mechanics, materials, and format with regulations available from the WCGSMS, but at the time of the Examination, it must be complete in all respects and editorially acceptable for final approval.
- d. Within 60 days after the Final Examination, the candidate must submit to the WCGSMS office:
 - an electronic version of the dissertation,
 - the signed "Certification of Dissertation" form,
 - proof of submission of thesis to ProQuest, and
 - additional forms and agreements specified in the thesis requirements on the Student Forms page of the WCGSMS website.

Copies of Masters Programs' theses or theses equivalent must adhere to the Program rules laid out in the academic handbook and must be filed with ProQuest within 60 days of defense.

Notice of copyright law must appear as directed in the thesis requirements on the Student Forms page of the WCGSMS website.

- e. Outside of a temporary embargo on release date, the content of a thesis or dissertation cannot be classified or otherwise restricted in circulation except in time of national emergency or based on specific authorization of the Executive Committee.
- f. 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 they are requested to record in the publication that the dissertation was accepted by the WCGSMS Faculty in partial fulfillment of the requirements for the degree.

XI. PhD Graduate Student Evaluations

50. Evaluations of students prior to completion of the ACE are overseen by the Program Director and the Academic Standards Review Committee and must be submitted to the WCGSMS Office.
51. Special Committee meetings, also known as Thesis Committee Meetings, commence once a student has completed the ACE. Such meetings must be held annually unless a shorter interval is set by the students' Special Committee, Program, or WCGSMS. These meetings will serve to inform the Special Committee and the Program of the candidate's

progress. The student is responsible for scheduling such meetings. Failure to comply with the Special Committee meeting requirement may result in placing the student on Academic Probation (see Sec XII).

52. The student is responsible for ensuring the submission to the Program Coordinator and WCGSMS of the Thesis Committee Meeting Evaluation form; failure to do so is akin to not having the meeting and may result in Academic Probation.

XII. Good Standing and Probation

53. A student is in good standing unless:
 - a. They violate the [University's Code of Academic Integrity, Standards of Ethical Conduct policy](#), or the [Campus Code of Conduct](#);
 - b. They violate other University, Weill Cornell Medicine, Memorial Sloan Kettering, or Hospital for Special Surgery (as appropriate) integrity and/or behavior policies, such as [Policy 6.4, Prohibited Discrimination, Protected-Status Harassment, Sexual Harassment, and Sexual Assault and Violence, and Bias Activity Procedures](#);
 - c. They violate the [Weill Cornell Medicine research integrity policy](#) and procedures and/or the [Memorial Sloan Kettering research integrity policies and procedures](#); or
 - d. The student does not meet the academic performance standards of WCGSMS. The student will be deemed not to have met the academic performance standards of WCGSMS if one or more of the following occurs:
 - i. The WCGSMS requirement of passing all required or elective courses, including laboratory rotations, is not met;
 - ii. The student fails to meet academic performance standards for their Program, as outlined in the Program handbook and as evaluated by the Program's Academic Standards Review Committee;
 - iii. After passing the ACE, the student does not make adequate academic progress according to the rules of WCGSMS and/or as determined by the student's Special Committee; or
 - iv. The Major Sponsor declines to serve further because of the student's unsatisfactory work, and the Special Committee recommends Academic Probation
54. A student who is determined not to be in good standing may be placed on probation by the Dean, at the request of the Program of Study. The student will be notified of Probation in writing. The probation letter will list the violation(s) and the required remediation(s), and time allowed to remediate, to be removed from Probation and return to Good Standing. A copy of this letter will be added to the student's academic record.
55. If a student remediates to the satisfaction of the Academic Standards Committee, the Program will request that probation be lifted. If the Dean accepts the recommendation, they will send a letter to the student and Program lifting the probation and reinstating good standing. A copy of this letter will be added to the student academic record.
56. If a student fails to remediate the violation(s) by the end of the remediation period, the student will be dismissed from WCGSMS (paragraph 117) unless the Dean chooses to extend the probationary period.

57. The student may petition the Dean to create a Committee of Review to re-evaluate the recommendation for probation to allow a student to transfer from one Program to another (see Paragraph 108). 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 their 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.

XIII. Grievance Procedure

The "WCGSMS Grievance Procedure for Graduate Students Relating to Graduate Education and Support" outlines general provisions and procedural steps for handling grievances involving graduate students and faculty members. Many complaints are likely to concern alleged violations of the terms of written agreements and guidelines. Some may address more subtle matters involving unwritten expectations about issues such as remuneration and joint publication. All conflict should be dealt with in a patient and sensitive manner that respects the dignity of the participants. The Dean of WCGSMS may work with the Program leadership of the faculty member involved in the grievance to find an appropriate resolution.

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

58. 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 written agreement of the Chairperson(s) and Directors of the Program in which the student is currently enrolled and transferring to, as well as the Dean.
59. It is WCGSMS' policy that a student is allowed to perform their 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.

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) and the Dean. The student is expected to meet the requirements of the Program. See Paragraph 44 and Section XIV- 108 for other procedural requirements relating to change of Program.
60. For PhD students, 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. If approved, such transfer must adhere to rules described in paragraph 108.
61. Transfer Policy for PhD Students from Other Institutions. Students who wish to transfer to WCGS from another institution are bound by the rules and procedures described in "[Academic Policy on Pre-Doctoral Students Transferring to WCGS.](#)"
62. Transfer Policy for the Masters Programs. Transfer between WCGSMS Programs is not allowed.
63. Transfer Policy to one of the Tri-Institutional partner institutions for Tri-Institutional PhD Students. Students in one of the Tri-Institutional PhD programs are permitted to perform their thesis research under the mentorship of any member of their Tri-

Institutional PhD program faculty. If their faculty mentor is a member of Rockefeller University or Cornell University Graduate School in Ithaca, the student must transfer from WCGSMS to Rockefeller University or Cornell University Graduate School, typically at the end of training year 1. Once the transfer is finalized, the student will no longer be a member of WCGSMS or subject to any rights, privileges, or regulations thereof.

64. Dismissal Policy for Graduate Students

The Dean may dismiss students from WCGSMS, without conferral of a degree, under the following circumstances:

- a. for violations of the [University's Code of Academic Integrity, Standards of Ethical Conduct policy](#), the [Campus Code of Conduct](#), or other University, Weill Cornell Medicine, Memorial Sloan Kettering, or Hospital for Special Surgery (as appropriate) integrity and or behavior policies, such as [Policy 6.4, Prohibited Discrimination, Protected-Status Harassment, Sexual Harassment, and Sexual Assault and Violence, and Bias Activity Procedures \(in accordance with the policy\)](#), the [Weill Cornell Medicine research integrity policy](#) and/or the [Memorial Sloan Kettering research integrity policies and procedures](#). For PhD students, failure to remediate Probation violations, as described in 102. For Masters students, the dismissal procedures and protocols for each Master's Program can be found in the academic handbook of the Program.
65. 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 their 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.

XV. Courses and Grading

66. Any changes in course offerings, including cancellations, additions, and other corrections, must be reported immediately to Registrar's Office and filed there.
67. Each laboratory rotation must be registered with the Registrar at the outset of the rotation. Laboratory rotation agreements and evaluations must be completed in the student information system for each laboratory rotation. Grades (pass/fail) for laboratory rotations will appear on the student transcript.
68. WCGSMS courses must be directed by WCGSMS faculty unless otherwise approved by the Dean of WCGSMS. Individual lectures may be given by non-WCGSMS faculty if approved by the course director and Program of Study. WCGSMS courses are official only if listed by the Registrar. Applications for new courses are adjudicated and approved by the Curriculum Committee of WCGSMS to the Registrar.
69. The definition of grades:
 - A: For PhD students, courses are graded either with H (Honors), HP (High pass), LP (Low pass), F (Fail), or W (Withdrawal). Some MS programs follow this grading scale; other MS programs award letter grades. The academic handbook will list the grading norms for each MS program. In rare cases, a student may receive a temporary INC (Incomplete) in a course.

B. A student seeking an Incomplete in a course must complete an Incomplete Grade Form, which must be signed by their faculty member and then forwarded to the Office of the Registrar. For both PhD and MS students, Incomplete grades require:

1. The student has substantial equity at a passing level in the course with respect to work completed; and

2. The student has been prevented by circumstances beyond the student's control, such as illness or family emergency, from completing all of the course requirements on time.

C. For both PhD and MS students – students who receive an Incomplete would have one year from the end of a course to satisfy its requirements. Once the course requirements have been satisfied, the course director can change the grade from INC to a letter grade. If the course requirements are not satisfied within one year, the grade will be converted to the final grade indicated on the Incomplete Grade Form, or an F if no grade is indicated. The Course Director shall report to the Registrar the grades for students taking courses within 10 business days of the last course session.

70. Retaking of courses: Any class taken as an Auditor cannot later be taken on a credited basis. Typically, students are not permitted to retake courses. Exceptions to this are:

- Students must retake any required course they failed.
- Students can be required by their Program to retake any course(s) if their performance did not meet mandated expectations as documented in Program guidelines.
- If a student retakes a course, the original grade will remain on the transcript. The second grade will be added as a separate grade.

71. The Registrar of the WCGSMS maintains the permanent record of course registration and grades, and issues official transcripts of such records. Students in financial arrears to WCGSMS will have a hold placed on their record. WCGSMS reserves the right to withhold the transcripts and diplomas of any student with a finance hold on their account.

72. Record of any coursework completed away from WCGSMS (as described in Section X, paragraphs 12-15) 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 be delivered to the Registrar.

73. Teaching Assistants for courses must be approved by WCGSMS using the Teaching Assistant (TA) Appointment Form and approved by the Associate Dean of Academic Affairs.

74. Every PhD student is required to take the "Responsible Conduct of Research Course" (RCR) during their first year according to the rules defined on [Office of the Registrar](#) page on the WCGSMS website.

75. Every PhD student must take RCR "refresher" sessions in accordance with the timing and content requirements of current NIH NRSA policies.

XVI. Financial Assistance

76. Fellowships and stipends are awarded to qualified applicants in the PhD Programs. PhD students who hold 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

77. Tuition and other fees are established by the Board of Overseers of Weill Cornell Medicine and the Board of Trustees of Cornell University and may be changed at any time without previous notice.
78. 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.
79. Payments for tuition and fees are collected by Weill Cornell Medical College through the Office of Student Accounting.

XVIII. The Weill Cornell Graduate School of Medical Sciences Catalogue

Weill Cornell Graduate School of Medical Science's catalogue is available online.

XIX. Modifications and Amendments to the Code of Legislation

80. 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: Admission to Candidacy Exam Regulations

1. Purpose of the ACE

The ACE examination should be a rigorous and meaningful determination of the student's ability to employ and interpret information not only in the area of specialization, but also in more general contexts. The ACE objectives for students in the Weill Cornell Graduate School (WCGS) are to:

1. Ensure that the student's formal education is largely completed.
2. Determine that the student has attained and can effectively employ the breadth of knowledge and depth of understanding commensurate with the high standards of the degree of Doctor of Philosophy.
3. Satisfy the Examining Committee that the student is thoroughly prepared to undertake full-time thesis research.

2. Content and Format of the Admission-to-Doctoral Candidacy Examination

The Admission-to-Doctoral Candidacy Examination consists of written and oral parts, both carefully designed to show that the student has established:

1. A thorough understanding of the development, present status, and direction of the specific area of knowledge in which the student's interests lie.
2. An adequate knowledge of areas related to the methodologies being employed in their field and can understand and interpret emerging research data.
3. A sufficiently broad education to enable them to function adequately in scientific activities other than just the narrow and often transient limits of the immediate thesis research.

The written exam is to be completed in accord with the rules of the student's WCGS Program. Graduate Programs may opt to require preliminary approval by ACE committee members of the written exam ahead of scheduling the oral part of the examination. The oral examination should continue the process of determining the student's general scientific knowledge and understanding, and may draw on what was learned by the examiners about the student in the written examination. However, the oral examination should not be viewed exclusively as an instrument to explore the written examination. The oral examination should probe the student's ability to process, organize, and evaluate scientific data in a comprehensive fashion.

The written and oral examinations are separate and are to be graded independently.

3. Examination Timing and Scheduling

Only students who are in "good standing" can take the ACE. The oral component of the Admission-to-Doctoral Candidacy Examination must be taken by June 30 of a student's second year. Students who do not take the oral exam by June 30 are placed on probation for 3 months, except in extenuating circumstances as approved by the Dean, upon request from Program leadership. Probation is lifted, and "good standing" is restored, by taking the oral examination. If a student does not take the oral examination during the 3-month probationary period, they will be dismissed from the graduate school unless the Dean chooses to extend the probationary period. Timetables for tabled examinations during the probationary period will be established on a case-by-case basis by the Dean. Students must submit an Application for Examination form to the Weill Cornell Graduate School office at least two weeks prior to the scheduled oral examination date.

4. Examining Committee

The Examining Committee shall consist of one Chairperson and at least three Examiners. Additional Examiners are permitted, subject to approval by the Program and the Dean. Every member of the committee, including the additional examiners, must be a member of the Weill Cornell Graduate School faculty, unless otherwise allowed by the Dean. The following are automatically approved by the Dean:

- The Tri-Institutional Training Program in Computational Biology & Medicine may substitute one Cornell Ithaca faculty Examiner for one Weill Cornell Graduate School faculty Examiner.
- The Tri-Institutional Training Program in Chemical Biology may substitute one Rockefeller University faculty Examiner for one Weill Cornell Graduate School faculty Examiner.

- The Tri-Institutional MD-PhD Program may substitute an Examiner from the Rockefeller University or the Gerstner-Sloan Kettering faculty (who is not a member of the Weill Cornell Graduate School faculty) for one Weill Cornell Graduate School faculty Examiner. The Committee Chairperson and at least two other Examiners must be members of the Weill Cornell Graduate School.

The Chairperson of the Examining Committee should be familiar with the rules and regulations of WCGS and the ACE. The student's mentor (or co-mentors, if applicable) cannot serve as Chairperson.

If a member of the Committee is unable to attend the examination, the Examining Committee Chair, in consultation with the student's Program, must designate another individual to participate in the examination as the absent member's representative. All examiners should be suitably knowledgeable in the student's ACE topic area. The oral examination is open to all members of the WCGS faculty, although only the Examining Committee votes on the outcome. No other persons (e.g., students, post-doctoral fellows) are permitted to attend the oral examination or its discussion.

5. Student Preparation

Students are encouraged to consult the Program Director, Program Chairperson, or members of the Examining Committee, on appropriate areas and methods of preparation and study. Program Directors or Program Chairpersons shall, in consultation with the faculty of the Program, promulgate guidelines designed to aid the student in this endeavor.

6. Examination Evaluation

The written and oral examinations are to be graded separately. The grades for each examination shall be "Pass", "Table", "Fail", or "Pass for Master's Only". A student must achieve a grade of "Pass" on both the written and oral examinations to proceed on to Doctoral Candidacy. A "Pass" in the examination should be neither routine nor easy. If there is any doubt with regard to the student's suitability, the Examining Committee should table the examination until the student and the student's advisors feel that they are better prepared. Such tablings should be neither rare nor meant to disparage the student's ability. An unequivocal "Pass" should be a major accomplishment and not a mere formality.

"Pass for Master's Only" typically occurs in one of two situations. The first is that a student states before the examination that they choose to discontinue pursuit of the PhD degree and instead elects to attempt to earn a Master's degree by passing the ACE (and completing all other pre-ACE requirements). The second is that the committee decides, before or during the examination, that the student is not a suitable candidate for the PhD (and is not anticipated to become a suitable candidate even after further studies in the event of a Tabled examination), but can earn a Master's degree by passing the ACE. If one examination result is Pass for Master's, but the other is Pass, then the result is Pass for Master's, unless the student requests, and the committee grants, that the examination be Tabled.

The grading of the examination rests exclusively with the members of the Examining Committee.

6a. Evaluation of the Written Examination

When the Examining Committee has assembled, the Chairperson will ask the candidate to leave the room. WCGS Faculty members who are not part of the Examining Committee are welcome to remain in the room for all parts of the ACE and its discussion.

The Chairperson will open a discussion of the candidate's written examination. At an appropriate point in the discussion, the Chairperson will ask each member to voice their individual vote. Members are permitted to change their vote during additional discussion. Each individual's final vote will be entered in the Examining Committee Report by the Chairperson. For a student to pass the written examination, pass only for a master's degree, or fail, a majority of the vote is required (e.g., a majority of the votes must be "pass" for the student

to pass the exam). The written examination is tabled if the requirements of a vote to pass, pass only for a master's degree, or fail are not met (e.g., 2 pass, 2 fail, and 1 table vote would result in a tabled exam).

The candidate must pass (or pass for Master's only) the written examination before proceeding to the oral examination.

6b. Evaluation of the Oral Examination

If the written examination has been passed, the oral examination will proceed.

The Chairperson will initiate the oral examination and invite questioning. Non-committee faculty members present will be invited by the chair to ask questions, but will have no vote on the outcome of the examination. It is the duty of the Chairperson to govern the sequence and duration of questioning by the examining committee and other interested faculty.

When all questioning has been completed, the Chairperson will excuse the candidate from the room. The Chairperson will open a discussion of the candidate's oral examination. At an appropriate point in the discussion, the Chairperson will ask each member to voice their individual vote. Members are permitted to change their vote during additional discussion. Each individual's final vote will be entered in the Examining Committee Report by the Chairperson. For a student to pass the examination, pass only for a master's degree, or fail, a majority of the vote is required (e.g., a majority of the votes must be "pass" for the student to pass the exam). The oral examination is tabled if the requirements of a vote to pass, pass only for a master's degree, or fail are not met (e.g., 2 pass, 2 fail, and 1 table vote would result in a tabled exam).

The candidate will be informed of the results of the examination upon the conclusion of the oral examination. Implications of a tabled or failed examination will be explained to the candidate. For tabled examinations, the Examining Committee will specify what deficiencies the student must correct and will propose a timetable for retaking the examination, in accordance with WCGS rules.

Final disposition of the grades received by the student for the Admission-to-Doctoral Candidacy Examination shall be no later than one year from the original date of the written examination.

7. Reexamination of Students After Tabled ACE

For students whose written and/or oral examination was tabled:

1. Two weeks prior to reexamination, the student should submit a new Application for Examination form to the Weill Cornell Graduate School office.
2. For the reexamination, the Chairperson will follow the same procedures as for the original examination, including completion and submission of the Examining Committee Report form.
3. As stipulated by the WCGS Code of Legislation, students must retake the examination within one year. The Examining Committee may set an earlier deadline for retaking the examination.

Appendix II-1: WCGSMS Grievance Procedure for Graduate Students Relating to Graduate Training, Education, and Support Updated March 2020

This procedure is intended to provide a mechanism through which grievances can be fully investigated and decisions rendered. It covers grievances that involve individual graduate students on issues relating to graduate education and support.

It is expected that most grievances will take the form of alleged violations of terms of written agreements and guidelines. However, these procedures should continue to recognize as "grievances" a broader range of more subtle and sensitive matters having to do with such issues as remuneration, joint publication, etc.

Students are encouraged to report any instances or perceived instances of mistreatment to the Trainer-Learner Committee (TLC). The TLC is charged with monitoring, reviewing, investigating and aiding in the resolution of mistreatment issues. Details of the TLC and the range of possible mistreatment can be found in the Trainer-Learning Environment and Student Mistreatment Policy. The University-wide [Policy 6.4, Prohibited Discrimination, Protected-Status Harassment, Sexual Harassment, and Sexual Assault and Violence, and Bias Activity Procedures](#), supersedes all college and university procedures that purport to handle discrimination, including sexual harassment complaints. Any person or group believing that they have experienced sexual misconduct in the context of academic pursuit, the living/learning environment or employment should report the matter promptly, for guidance regarding appropriate action, counseling and other support services as outlined on the [Sexual Misconduct and Campus Security](#) page.

I. Procedural Steps

Step 1. Speak Directly to the Source of the Grievance

Whenever appropriate, the aggrieved shall first speak directly to the person(s) who is the alleged cause of the complaint, or who bears responsibility for the cause.

II. Step 2. Contact the Trainer-Learner Committee, a graduate Program Director, or the Associate Dean of Academic Affairs

If a satisfactory resolution is not reached at Step 1 or the aggrieved prefers to move directly to Step 2, the aggrieved may contact the Trainer-Learner Committee, a graduate Program Director, or the Associate Dean of Academic Affairs.

The aggrieved may file a grievance with the Director(s) of their Program or the Associate Dean of Academic Affairs if the matter is beyond a Program issue. A letter describing the issue should be dated and filed as soon as possible but not more than 4 calendar months after the event giving rise to the grievance. (In a case in which the complaint is about a recurring pattern of behavior, this time limit shall refer to the most recent instance of the behavior.) A copy of this letter should be sent to the Dean of WCGSMS. Records of investigation are maintained confidentially in the Dean's office.

If the letter describes the grievance as involving issues of prohibited discrimination, protected status

(including sexual) harassment and bias activity as described by University Policy 6.4, WCGSMS

shall send a copy to the Title IX office, which shall then investigate that aspect of the charge.

If the Program Director is the "source" of the grievance, the grievance letter should be sent to the Associate Dean of Academic Affairs. If there is a real or perceived conflict of interest involving

the Program Director(s) and/or Associate Dean of Academic Affairs, the aggrieved may choose to

bypass Step 2 and proceed directly to Step 3.

After notification, the Program Director shall meet with both parties and discuss the issue in an informal manner. Within twenty working days of having received the original letter, the Program Director shall provide a written response recommending a resolution to the problem. The recommended resolution must be consistent with University policy.

If, in the judgment of the Dean of WCGSMS, the subject of the grievance involves matters of college or university-wide implication or is otherwise beyond the authority of the Program Director to resolve, the grievance, upon the request of the Dean, shall be moved to Step 3 below.

III. Step 3. Bring the Case to the Dean of WCGSMS

If one of the parties is not satisfied with the resolution at Step 2, they should notify the Dean of WCGSMS in writing within 10 working days of receiving the decision. Upon receiving such notification, the Dean or their representative, shall meet with both parties to discuss the issue. The Dean may, as they feel necessary, request that others be present to help them arrive at a fair and informed decision (as, for example, in a case where the grievance involves specialized expertise in a field), and/or convene an ad hoc committee of faculty to investigate and review the situation before and/or after the meeting. Within 20 working days of having received notification, the Dean shall issue a decision. If, under extraordinary circumstances, this deadline is not met, then the Dean shall notify all parties of the delay.

IV. Step 4. Appeal a Decision

If one of the parties is not satisfied with the Dean's decision in Step 3, they shall inform the Dean of WCGSMS of their intent to appeal the issue to a five-person Grievance Appeal Committee (GAC). This notification must occur in writing within 25 working days after receiving the Dean's decision.

Within 10 working days, four GAC members will be impaneled by the Dean of WCGSMS as follows:

- Two graduate student members of the Graduate Student Executive Committee. (Neither of these GAC members should be in the same Program as the two parties.)
- Two faculty members of the WCGSMS Executive Committee.

Within 5 working days, a Chairperson of the GAC will be chosen from the WCGSMS faculty by the Dean of WCGSMS, with the mutual consent of the parties involved. If the parties cannot agree on the recommendation for a chairperson, then the Dean of WCGSMS will submit a panel of three names to the parties involved. They shall indicate their preference for the persons in numerical order. The one receiving the lowest total points shall be designated as the Chairperson.

Within 20 working days after the Dean is notified of the aggrieved's intention to take the issue to the appeal committee GGRB, the appeal committee shall meet to discuss the issue. The meeting shall include a hearing granted to both parties. The appeal committee shall arrive at a decision by a majority vote and shall, within 5 working days after the hearing, issue a final written recommendation.

The recommendation shall be forwarded by the Chairperson of the appeal committee to the Provost of Medical Affairs and Dean of the Medical College. The Provost of Medical Affairs and Dean of the Medical College will issue a final determination as quickly as circumstances permit, and will inform the parties if arriving at the final determination will take longer than 20 working days after receiving the recommendation from the appeal committee Chairperson.

If invited by both parties, the Ombudsperson may be present at the appeal committee meeting as a neutral observer.

V. General Provisions

- a. Both parties in a grievance shall have the right to be present at each meeting outlined in the procedure and to bring along an advisor or other witness, who are there for support but are not permitted to speak.
- b. Both parties shall have the right to all cited documents.
- c. The graduate student shall suffer no reprisals or harassment for using the grievance procedure. Their supervisors shall make reasonable allowance to adjust schedules to allow attendance at meetings described herein, and shall not dock pay or otherwise punish the student.
- d. If several graduate students share a common grievance, they may file a grievance jointly and pursue it according to the above procedure.
- e. No decision will be construed as setting a precedent for any subsequent decision.

VI. Time Limits

The WCGSMS Dean shall monitor the time limits described above, as follows:

- a. The time limits are as prescribed in the procedural steps.
- b. The date at which the grievance is considered filed shall be the date the grievance is received by the addressee, as per signed receipt or electronic record.
- c. If the aggrieved fails to respond within the time limits described herein, then the issue will be presumed settled and the grievance will be closed.

Appendix II-2: Positive Learning Environment & Student Mistreatment Policy March 2020

Weill Cornell Graduate School (WCGS) (referred to subsequently as “the Graduate School”) has a Positive Learning Environment and Student Mistreatment Policy, the purpose of which is to ensure an educational environment conducive for learning, define mistreatment of students, and describe the process of reporting, monitoring, and responding in the event mistreatment should occur.

I. Training and Learning Environment

The Graduate School is committed to providing an environment that fosters mutual respect and the values of professionalism, ethics, and humanism in the practice of biomedical research and its application to medicine. The Graduate School has a policy of zero tolerance for mistreatment of its students, faculty, staff and guests. An environment conducive to learning requires that faculty, students and all administrative and support staff treat each other with civility, respecting each individual’s views and background. Faculty, other trainees, administrators and staff must treat students fairly and respectfully in all settings where students are educated and are expected to create and maintain an academic environment conducive to the pursuit of free inquiry, academic integrity, and the respectful interchange of diverse ideas and differing viewpoints. The standards of conduct set forth below are intended to prohibit teaching and training behaviors and other practices that are discriminatory or that may undermine professionalism. The body

charged with monitoring, reviewing, investigating and aiding in the resolution of mistreatment issues is the Trainer-Learner Committee (TLC), whose purview, composition and functions are described below.

The Dean of WCGS, as the designee of the Dean of the Weill Cornell Medicine (WCM) & Provost of Medical Affairs, Cornell University, working with the Director of the Sloan Kettering Institute (SKI), Graduate School Associate and Assistant Deans, Department and Program Chairs and other appropriate WCM and SKI officials, has the ultimate responsibility for ensuring a safe and respectful learning environment.

By the implementation of this policy, students and other persons reporting mistreatment to the Trainer-Learner Committee are entitled to understand 1) their role in the investigation and resolution process, 2) the extent to which their anonymity may or may not be assured, 3) the timing of the investigative and adjudication processes and, 4) information about how the incident was resolved to the extent permitted by the Graduate School's Code of Legislation and by local, state, and federal laws.

The Trainer-Learner Committee is available for graduate students in PhD and Master's Programs, as well as visiting students undertaking PhD and Master's training. However, Master's students in the Physician Assistant Program will direct concerns to the Weill Cornell Medical College Teacher-Learner Committee, which serves a comparable function for students who have significant clinical roles.

II. Types of Mistreatment

The Graduate School takes all allegations of mistreatment seriously and encourages students to report any instances or perceived instances of mistreatment. The range of possible mistreatment is wide; persons reporting mistreatment should seek the advice of the TLC members about whether an incident may be considered an instance of mistreatment.

The incidents described below are examples of mistreatment, categorized by type. These examples are not exhaustive, but are intended to provide guidance regarding the types of unacceptable conduct. They are not intended to restrict the Graduate School's ability to respond to complaints of mistreatment.

Level 1

- Verbally abusing a student, including belittling and/or humiliating a student;
- Speaking, writing, engaging in conduct, or using curricular materials that disparage a student's economic or cultural background, gender, sexual orientation or preference, race or religion;
- Violation of a student's right to privacy under FERPA, HIPAA or other applicable laws, regulations or WCM/SKI policy.

Level 2

- Exploiting a student in any manner; for example, requesting that a student perform personal errands or directing a student to perform a large number of tasks, particularly where the requested activity interferes with a student's attendance in the laboratory or at educational activities such as classes;
- Denying opportunities for training or denying rewards based on factors other than a student's performance and/or professionalism;
- Violating a student's ownership of data or a project, and/or disputes related to publication authorship;
- Assigning a grade to a student based on factors other than a student's performance and/or professionalism (e.g., based on race, ethnic origin, religion, gender, gender orientation, political views, etc.) ---(See special circumstances regarding reporting mistreatment concerns about grades below);

- Pressuring a student to perform procedures or research activities for which the student is insufficiently trained;
- Interfering with a student's need to properly attend to a potentially serious health problem, including not permitting a student to leave the research laboratory to seek attention for an injury occurring in the laboratory;

Level 3

- Making sexual advances, harassing a student (for conduct that is considered to interfere with the learning environment based on sex, such as sexual assault or harassment, see University Policy 6.4 as it applies to WCM); or
- Committing or threatening an act of physical violence of any kind.

The TLC is charged with hearing reports of alleged mistreatment and determining if the incident can be classified as a case of mistreatment or perceived mistreatment, and if so, its level. Once a report has been made, for purposes of investigation and adjudication, the TLC will categorize the incident as Level 1, 2, or 3. Level 1 incidents are effectively considered Level 2 if the same individual is reported three times for the same types of behavior despite counseling for each of the two prior incidents.

III. Reporting Mistreatment

Multiple Avenues for Reporting Mistreatment

Students have multiple ways of reporting mistreatment, including anonymous reporting options.

Trainer-Learner Committee

Students and others are strongly encouraged to report incidents of perceived or actual mistreatment to the Trainer-Learner Committee as soon as the incident occurs. Reporting to the TLC allows the Graduate School to actively monitor the learning environment and to ensure that each incident is investigated fairly with due process for all involved. The goal of the TLC is to work toward a suitable resolution, and if indicated, to recommend appropriate sanctions or required adjustments to the learning environment. The TLC records all reported incidents and the result of each review, allowing for the identification of persons who repeatedly violate the mistreatment policy. The overarching goal of this effort is to provide appropriate counseling and/or sanctions to violators in order to prevent future instances of mistreatment or harm within the learning environment.

Course Evaluations

Students may also report incidents of mistreatment through the Course Evaluation system in an anonymous manner. Reports that contain named individuals and descriptions of the incident will be reviewed by the TLC in a timely manner, and if warranted, will be investigated and adjudicated.

Title IX Coordinator

Students may report incidents of sexual harassment, inappropriate sexual conduct, or stalking directly to the [Title IX coordinator](#) (<https://medicaleducation.weill.cornell.edu/student-resources/sexual-misconduct-campus-security>) and/or to Campus Security: (212) 746-0911 or the Title IX Coordinator Answering Service: (212) 746-9915.

Faculty, leadership and staff

Students may choose to discuss an incident of actual or perceived mistreatment with course directors, faculty advisors, deans, other faculty, administrative staff, or others; however, such individuals are NOT responsible for keeping records of student reports, reviewing or investigating alleged incidents, or working through resolution. Faculty and staff should make this clear to the student who discusses the incident with

them and may suggest that the student report the incident to the TLC. Likewise, students may discuss their concerns about the learning environment or seek advice about mistreatment with the Graduate School's ombudsman with the assurance of anonymity to the extent allowed by the Ombudsman policy; as stipulated in that policy, the ombudsman is not authorized to review, investigate or adjudicate instances of mistreatment (<https://studentservices.weill.cornell.edu/student-life/student-ombudsperson>). The ombudsman will provide information to the student concerning additional ways the student can report on mistreatment.

Grievance Procedure

Students may wish to follow the Grievance Procedure to investigate issues involving graduate student education, training, and support. It is expected that most grievances will take the form of alleged violations of terms of written agreements and guidelines. However, these procedures continue to recognize as "grievances" a broader range of more subtle and sensitive matters having to do with such issues as remuneration, joint publication, etc. The WCGS Grievance Procedure can be found on the Graduate School website.

Who May Report Mistreatment

The TLC is empowered to hear reports of student mistreatment from the individual student themselves or from other students, faculty, post-doctoral fellows, other trainees, or staff. Students, faculty, staff or others who witness mistreatment of students may seek the advice of and/or file a report with the TLC.

How to Report to the Trainer-Learner Committee

Students or others who wish to discuss and/or report mistreatment to the TLC may contact the TLC at the designated email: WCGS TLC@med.cornell.edu to initiate a dialogue with the committee or to specify that they prefer to speak with a specific TLC member. Alternatively, students may contact a member of the committee directly by email or phone (committee members list at URL).

Because mistreatment issues can be complex and the TLC seeks to provide the student with advice and information, in-person meetings or phone calls are preferred versus reporting incident details in the initial contact e-mail. All members of the TLC will work to contact the student swiftly in order to arrange a convenient time for a meeting or phone discussion.

Reporting Mistreatment Concerns Regarding Grading and Evaluations

Students who believe that a faculty member may evaluate or grade them unfairly in the course assessment process and rotation and committee reports, based on statements or behaviors made by the faculty member, are strongly advised to report their concerns to the TLC before the course ends. The TLC may opt to discuss the matter with the course director/program director immediately or to retain the report on file in the event the matter ultimately becomes part of a grade/evaluation appeal process. Students are permitted to contest their grades/evaluations through the appeal mechanism (see [Grade Appeal Process](#)). Challenges to overturn grades/evaluations based solely on allegations of mistreatment may be compromised if mistreatment is reported after the final grade has been established and is known to the student.

Role of the Student or Other Persons Reporting Mistreatment and Anonymity

To the extent possible, the TLC will make every effort to preserve the anonymity of the student or person filing a report of mistreatment. In cases of Level 2 and in cases of Level 3 mistreatment that may involve violation of other WCM, SKI policies, or local, state, or federal laws (e.g., harassment, physical or sexual assault etc.), the investigation may require involvement of other bodies in addition to the TLC and could require interviews of the student or person filing the report. Before taking further action to investigate an incident of alleged mistreatment, the TLC shall inform the student or other complainant of their role in the process and the extent to which anonymity may be preserved or may need to be forfeited.

IV. The Trainer-Learner Committee: Charge, Purview and Composition Charge and Purview

The Trainer-Learner Committee is charged with fostering a learning environment of respect across the academic medical center and educating members of the Graduate School community about best practice behaviors and attributes that contribute to a healthy climate for learning and the free exchange of ideas. The TLC is also charged with accepting and monitoring reports of perceived or actual mistreatment from all sources including direct reports or through the Course Evaluation System. The TLC will determine whether each report qualifies as an instance of mistreatment, and if so, will 1) provide advice and guidance to the student or person filing a report about possible courses of action; 2) inform the student of the nature of the investigation, the limitations of anonymity, and the student's role in the investigation, if any; and 3) describe the approximate timeline needed to achieve full resolution.

Upon deciding that a report qualifies as mistreatment, the TLC is charged with ensuring a timely investigation and resolution. Depending on the nature of the mistreatment and the persons involved, the TLC may conduct the investigative and resolution process itself or refer the matter to other administrators, departmental leaders, and/or committees for resolution.

In addition, the TLC shall document and archive each report of mistreatment that is filed with a description of: 1) the nature of the mistreatment and its level, 2) the investigative process and the persons involved, 3) adjudication results either by direct resolution or referral to other entities for adjudication and 4) follow-up with the student or person filing the report (and as permitted below, with the leadership of courses that involved adjudicated cases of mistreatment). The documentation allows the TLC to track repeated instances of mistreatment by the same individual and to identify patterns or trends by individuals, groups of individuals or specific settings involved in recurrent episodes. The TLC archive will be securely managed by the Assistant Dean of Student Affairs. It will be reviewed on a regular basis with the Dean of the Graduate School.

The TLC reports to the Dean of the Graduate School and shall render to the Dean reports about the trainer-learner environment on a regular basis or as requested by the Dean. In addition, the TLC shall render reports on mistreatment trends to the Executive Committee of the Graduate School, as requested.

The purview of the TLC pertains to the mistreatment of Weill Cornell graduate students, visiting students enrolled in the Graduate School and extends to all locations of the learning environment including the classroom, the laboratory, the clinical practices (if relevant) and or/offices of the faculty, the Graduate School's campus and housing, and includes all of the same venues at affiliate sites.

The TLC as a Graduate School committee will execute its functions directly as the charge pertains to Weill Cornell graduate students and visiting students as well as through close coordination with others across the academic medical center and Sloan Kettering Institute who are charged with creating a respectful workplace including human resources or other employee committees at WCM, SKI, and its affiliates.

Matters pertaining to a faculty member's pedagogic approach or teaching abilities are not considered mistreatment unless viewed as derogatory, discriminatory or if they severely compromise the educational environment. "Teaching style" issues are best handled by reporting them through the course evaluation system.

The TLC is also charged with coordinating all necessary training and education on the prevention and recognition of mistreatment. Efforts will be made to designate key educators across the academic medical community to help disseminate the training components.

Composition

The Trainer-Learner Committee is comprised of 1 faculty member from each graduate school program who is appointed by the Chairs of that program, with the advice of the Dean of WCGS. Additionally, two senior PhD students and one Masters student who have completed their first year should be appointed. The Dean shall appoint one of the TLC faculty members to be the TLC chair. In addition, the Dean may adjust

the number or composition of the TLC, as needed. None of the members should have direct involvement in the assessment of the involved student(s) or within the administration of the graduate education program. Members must recuse themselves from the review and investigative process for any conflict of interest or perceived conflict of interest because of their personal, professional, academic or administrative relationship with the student or any of the involved parties named in an incident. Faculty members serve for a two-year, renewable term; students serve for a one-year non-renewable term. Members of the TLC will undergo training about the mistreatment policy, the review process, all relevant policies regarding professional standards, relevant legal policies, methods of adjudication, techniques for counseling and other methods of resolution, and all requirements of reporting, documentation and recordkeeping. The full TLC is convened by its chairperson on a quarterly schedule to review the learning environment and a summary of reported incidents. It can meet more frequently depending on the volume of incidents that require review. Whereas it is charged with conducting a prompt investigation and/or resolution process, the TLC, in consultation with the individual reporting the incident, may decide to wait until the student has completed the learning unit or course in which the mistreatment occurred. Additionally, other incidents, particularly those at Level 2 or 3 that may require involvement of other committees or administrators, may take longer to act on and ultimately to resolve.

V. The Trainer-Learner Committee: Review, Investigation, Resolution and Follow-up Review

A Subcommittee of the TLC members will review in an on-going timely manner each reported incident to determine if the incident meets criteria for potential mistreatment, either actual or perceived. Once a determination is made that the reported incident is covered under the policy, the TLC will interview with the complainant. If the TLC determines the incident does not qualify as potential mistreatment, the individual reporting the incident will be educated about the definitions of mistreatment and encouraged to review this policy.

Investigation and Resolution

After the complainant is interviewed, a written record of the complaint will be generated, and this complaint will be furnished to the accused individual (respondent). The next step in the process is that the respondent will be afforded an opportunity to be interviewed by TLC members and to respond in writing to the written complaint. After the accused has had the opportunity to respond, the TLC will decide whether the complaint has merit, or should be dismissed. Complaints with merit must next be designated as level 1, 2, or 3.

All level 1 complaints will be investigated and adjudicated by the TLC, regardless of whether the respondent is a faculty member, a trainee, a staff member¹, or another student. In cases of Level 1 mistreatment, counseling, advice and warning by the TLC will primarily constitute a resolution. The TLC will also remind the accused individual with concerning behavior that repeated incidents of a similar nature, each after TLC counseling/warning, (i.e., 3 or more) will involve notification of the WCM Senior Associate Dean of Research or Director of SKI for faculty respondents and/or the Senior Director of Human Resources (HR) official for staff members and can lead to [corrective action up to and including termination of employment](#). When it is found that the respondent did not commit mistreatment, TLC may decide that the incident was ‘perceived mistreatment,’ and will educate the complainant about the definitions of mistreatment and encourage a review of this policy. The respondent will receive a written copy of the TLC’s report of its counseling and warning.

In the case of Level 2 or Level 3 mistreatment, and when the respondent is a faculty member, the allegation of mistreatment shall be considered an allegation of faculty misconduct. In that case, the

¹ When a staff member is the accused, the TLC will notify and coordinate with Human Resources regarding the investigation.

allegation shall be referred to the WCM Senior Associate Dean of Research or Director of SKI for disposition according to policy and procedures of the WCM Faculty Misconduct Policy (Section 12 of the Academic Handbook), and corresponding SKI policy. In cases in which the Senior Associate Dean of Research/Director of SKI believes that an investigation is warranted, TLC faculty members may be called upon to constitute the investigating panel or to provide consultation to an investigative panel. In the case of Level 2 or Level 3 mistreatment, and when the respondent is a post-doctoral trainee the allegation shall be considered an allegation of misconduct to be handled by the Faculty Director of the Office of Postdoctoral Affairs. The Senior Associate Dean of Research/Director of SKI will be informed of the allegation. In cases in which the Director of SKI believes an investigation is warranted, TLC faculty members may be called upon to constitute the investigating panel or to provide consultation to an investigative panel. The Director must consult the Senior Associate Dean of Research prior to the final disposition.

In the case of Level 2 or Level 3 mistreatment by a WCM or SKI employee, the TLC will notify a WCM or SKI Human Resources official to coordinate conducting of an investigation and rendering of a report, which report will also be maintained by the Human Resources official of the respondent's institution. The official may choose to investigate the matter further, provide additional counseling and/or enact sanctions in accordance with the institution's HR policies for employee misconduct.

Some allegations of Level 2 mistreatment and all involving Level 3 must be investigated by the appropriate administrative entity as outlined by other policies of the Graduate School or its affiliated institutions. Sanctions may include, but are not limited to, verbal or written warnings by a department chair or supervisor, notations in an individual's official employment or faculty affairs file, suspension from contact with students or residents or other teaching roles, suspension from work, legal action, and/or dismissal. All sanctions must follow the Graduate School's or respondent's institution's policies for handling misconduct, infractions of professionalism maintenance of confidentiality of respondent and complainant, and due process and appeal as stipulated by those policies.

Follow-up

The Senior Associate Dean of Research, Director and/or appropriate WCM/SKI administrator shall inform the TLC of the resolution of the allegation of all repetitive Level 1 (i.e., more than 2), or any Level 2 and 3 cases of mistreatment according to the extent allowed by the college or institute's bylaws, human resource policies or local, state or federal laws. The TLC shall inform the Program Director of the name of the respondent and the general nature of the incident of all cases in which repetitive Level 1 or any Level 2 or Level 3 mistreatment was adjudicated to have occurred, as allowed by the college or institutes' bylaws and policies.

The TLC shall inform the student or other complainant of the general nature of the resolution in a timely manner after the investigation has been completed to the extent allowed by the college or institutes' by-laws, policies or local, state or federal laws. Every effort will be made to close each incident as soon as possible.

VI. Dissemination and Education about the Trainer-Learning Environment

The mistreatment policy shall be posted on all websites of required courses and included in the Code of Legislation. The policy should be widely circulated to other administrative offices or groups within the WCM/SKI learning community, as directed by the Dean or their designee.

The TLC, or other persons or groups it authorizes, shall provide training sessions on recognizing and avoiding mistreatment to all key contributors to the learning environment, including but not limited to all students, course and departmental faculty, residents, administrators of the Graduate School and its affiliates, and other administrative staff. The training will promote strategies and behaviors that positively enhance the trainer-learning environment as well as information about what behaviors constitute mistreatment, the methods for reporting mistreatment, the role of the TLC and the process for review, investigation, adjudication, resolution and follow-up on all reported incidents.

As part of its educational function, the TLC, shall from time to time, provide the student body, department chairs, other educational administrators and relevant committees the aggregate data about the number of reported incidents and their resolution.

Appendix II-3: Weill Cornell Medical College and Weill Cornell Graduate School of Medical Sciences 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 their 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 sub awardees, 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, they 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 they have 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 their 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 them 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 their 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 their own choosing and at their 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 they 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, they 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 they 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 they 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 they 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 their 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, they may determine at their 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 their 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 II-4: Memorial Sloan-Kettering Policy and Procedures for Responding to Allegations
of Research Misconduct**
April 2019

General Policy

Memorial Sloan Kettering Cancer Center (MSK) is committed to the responsible conduct of research, and has policies and procedures in place for responding to allegations of research misconduct. 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 MSK policies and procedures that guide how all allegations of research misconduct are handled, regardless of the funding source. It is written to comply with federal regulations (see 42 CFR Part 93 “Public Health Service Policies on Research Misconduct” or https://ori.hhs.gov/sites/default/files/42_cfr_parts_50_and_93_2005.pdf), as is required for managing misconduct proceedings that involve research support from agencies of the US 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 US 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

Research misconduct is defined as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Further, it must have been committed intentionally, knowingly, or recklessly. Research misconduct does not include honest error or differences of opinion.

- **Fabrication:** making up data or results and recording or reporting them.
- **Falsification:** 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:** appropriating another person’s ideas, processes, results, or words without giving appropriate credit. It does not include authorship or credit disputes among collaborators.

The Principals Responsible for Managing Misconduct Proceedings

Research at MSK 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 division/service chiefs.

When allegations of research misconduct arise, various individuals responsible for the oversight of research may become involved, but the person with primary responsibility is the Senior Vice President, Research and Technology Management (RTM), who serves as the Research Integrity Officer (RIO). The RIO (assisted as necessary by senior RTM staff) is responsible for 1) assessing allegations of research misconduct, 2) conducting, RTM-1001 Memorial Sloan Kettering Cancer Center April 23, 2019 as needed, an inquiry to determine

whether an investigation is warranted, and, 3) overseeing the investigation process to ensure compliance with this policy and associated procedures.

The Director of SKI is the 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 to determine who 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.

Institutional members, (e.g., MSK faculty, staff, trainees, or others working in MSK facilities) will 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.

Confidentiality

Disclosure of the identity of those who are accused of research misconduct (respondent) and those who raise allegations of misconduct (complainant) 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 (except as prescribed by law), 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.

Notifying the Respondent(s):

The RIO shall inform the respondent(s) that an allegation of research misconduct has been made against them, provide the respondent(s) with a written summary of the allegation, explain the process for addressing the allegation, and provide the respondent(s) with a copy of this policy. Sequestering Records: On or before the date when the respondent(s) is notified of the allegation, the RIO shall take all reasonable and practical steps to appropriately sequester, inventory, and preserve, in a secure manner, all potentially relevant research records and evidence, taking custody of and overseeing the inventory of this material. Where the research record or evidence encompasses scientific instruments, computer systems, or other equipment shared by multiple users, custody may be limited to copies of the data or evidence on such equipment, so long as those copies are substantially equivalent to the originals. At any point in the research misconduct proceeding, the RIO may undertake additional sequestrations, using the same procedure outlined here.

The laboratory, program, and/or department shall assist with the sequestration, providing information prior to the sequestration regarding the nature of the potential material involved and making personnel available with the necessary technical expertise to assist the RIO during the sequestration. This assistance may include inventorying the research records and evidence and providing for the storage of materials that require special handling, such as biological or chemical materials.

During the sequestration, the respondent(s) shall be instructed by the RIO to provide all potentially relevant research records that relate to the allegation. The respondent(s) must identify and arrange to immediately provide the RIO with all such records that could reasonably relate to the research that is the subject of the allegation, regardless of where the research records are located. The respondent(s) has a continuing obligation to identify and provide such research records during the research misconduct proceeding. To the extent that any research records are not identified at the time of the initial sequestration but, instead, are identified later in the research misconduct proceeding, the respondent(s) must give a clear written explanation of the reason for this. Late submission of research records or questions regarding the authenticity of research records may undermine the credibility of the evidence and may be a basis for requiring an investigation.

The RIO shall retain the original research record. Where appropriate, the respondent(s) shall be provided with copies of, or reasonable supervised access to, the research record.

(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):

The RIO shall inform the respondent(s) that an inquiry into the allegation of research misconduct will be initiated. Within 14 days of receiving notice of the inquiry from the RIO, the respondent(s) shall provide the RIO with a detailed written response to the allegation, unless an extension of time has been granted. The response shall address the substance of the allegation in detail, specifically referencing any research records that support the response to allow the RIO to readily understand the respondent's position and the basis for it, and readily locate and consult the relevant portions of the records. In addition, the response shall clearly identify all research records and explain how these records were created and their relevance to the allegation. The respondent(s) shall provide those records that have not already been produced.

Performing an Inquiry:

The inquiry phase of a research 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 warranted. The RIO must document why an extension was granted.

During the inquiry, the RIO has the discretion to interview the complainant(s), the respondent(s), and pertinent witnesses, as well as examine relevant research records and materials or to convene an Inquiry Committee comprised of individuals with the requisite scientific expertise to assist the RIO in performing the inquiry. Based on the evaluation of the evidence, the RIO (or the Inquiry Committee as applicable) will 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.

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

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.

Institutional counsel should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO.

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

The RIO shall notify the respondent(s) in writing as to whether an investigation is warranted, and will provide a copy of the draft Inquiry Report to the respondent(s) for comment. The respondent(s) will 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 them 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 Inquiry 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).

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, 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. The inquiry report and a copy of this policy will be sent to the respondent(s).

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 (and/or any other applicable funding agency) 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 and provide a copy of the inquiry report and the institutional policy of research misconduct. 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 assessment and inquiry phases.

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. The members may come from institutions other than MSK. 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, 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 review and approve the written Investigation Report prepared by the RIO, 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, record and/or transcribe each interview, provide the recording or transcript to each interviewee for correction, and include the recording or 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 necessary, as per this Policy). 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 MSK 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 they 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 they receive 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 their 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 (and/or any other applicable funding agency):

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 or Initiating Proceedings if the Respondent(s) Leaves or is No Longer Employed at 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 the Investigation Committee will continue to use their best efforts to reach a conclusion concerning the allegations. If an allegation of research misconduct occurs after the respondent(s) has left the institution, the procedures described in this policy shall apply in collaboration and coordination as needed with the current employer of the respondent.

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 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.

Allegations Not Made in Good Faith:

If relevant, the DO will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faith they will determine whether any administrative action should be taken against the person who failed to act in good faith.

Time Limitations on Allegations:

Research misconduct allegations must be received by the US Department of Health and Human Services (HHS) or the Institution within six years of when the research misconduct allegedly occurred. An exception would be, if after the six-year limitation, the respondent has cited, republished, or otherwise used for their potential benefit the research record that is the subject of the allegation of misconduct (§93.105).

Appendix III: Access to Student Information

It is the policy of the Medical College to protect information contained in student records from unauthorized disclosure and to comply with the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA) and regulations thereunder. The policy extends to students the right to inspect and review their education records and provides students the right to request that their record be amended if the student believes that the record contains inaccurate or misleading information or if it violates the student's privacy rights.

The policy is contained in Cornell Policy 4.5, Access to Student Information.

https://www.dfa.cornell.edu/sites/default/files/vol4_5.pdf

The Student Record Privacy Statement: Annual Notification Under FERPA can be found at

<http://courses.cornell.edu/content.php?catoid=31&navoid=7935>

Release of Records

Anyone who releases education records must maintain 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. A student may inspect this record of requests. Records do not need to be kept of disclosures:

- of directory information;
- to the student;
- to other individuals within Cornell having a legitimate educational interest in the information;
- or
- in response to a subpoena.

Student Inspection and Review Education Records

A student may inspect and review their education records after making a written request. The Graduate School may refuse to permit a student to inspect the following education records:

- Records of instructional, supervisory, and administrative personnel which are the in the sole possession of the maker and are not accessible or revealed to any other person except a temporary substitute.
- Financial records of a student's parents
- Letters of recommendation placed in the student's education record prior to January 1, 1975 or with respect to which a student has waived right of access.
- Education Records connected with an application to attend the Graduate School if that application was denied or the applicant never attended the Graduate School.
- Portions of education records that contain information about other students.

The Graduate School reserves the right to refuse to permit a student to inspect records excluded from the FERPA definition of education records, including medical and police records. However, with respect to medical records, a student may have a physician or other appropriate professional review the record.

Process for Inspecting Records and Amendment of Records

In general, a request by a student to review and inspect the records and information relating directly to them shall be in writing, addressed to the Registrar, the custodian of records, signed by the student and thereafter retained in the record folder. Students are able to review their records in the Registrar's office during business hours. When a student requests access to their education record in the Registrar's office, the Registrar makes the student record on file in the Registrar's office available within 5 business days from the request. Additional information, if requested, will be provided as soon as is feasible and within 45 days as permitted by law. A student may inspect records only in the presence of a designated administrator.

Students are able to review grades and grade narratives as soon as they are posted on the online student information system. Faculty members are expected to submit grades promptly after a

course or curricular unit is completed. The Graduate School encourages grade submission for all courses as soon as possible, and requires that grades must be submitted and available to students no later than six weeks from the end of a course. Course leadership notifies students when grades have been posted. Students are able to review more granular course components directly with course directors.

Students may obtain copies of material in their education record, other than the transcript and permanent record card, by paying a per page fee. All such copies shall bear a conspicuous legend that the copy is not an official document. Transcripts and record cards may not be copied because of the possibility of misuse.

A student may request that their academic record be amended on the grounds that the information contained therein is inaccurate, misleading, or in violation of their right of privacy. The Registrar, in consultation with appropriate faculty or staff, will decide whether to amend the record as required within a reasonable amount of time. If the Registrar or maker of the record refuses to make the requested change, then, the Registrar shall inform the student of the decision and of the student's right to a hearing. Upon request of the student, the Associate Dean, Academic Affairs will promptly appoint a member of the faculty or administrative staff not having a direct interest in the matter to investigate the matter and hold a hearing. Any such hearing will be held upon five (5) days written notice to the student and those persons called to testify; and, will afford the student a full opportunity to present evidence relevant to the issues. A student, at their own expense, may be accompanied or represented by an attorney or an advisor.

Additional information regarding the hearing procedures is provided to the student when notified of the right to a hearing.

After conclusion of the investigation and hearing, the faculty or staff member who conducted the investigation shall submit a written report and recommendation to the Associate Dean, Academic Affairs, who will notify the student in writing as to whether or not the record will be amended.

- If the record is not to be amended, the student shall have the opportunity to place in the record a written statement commenting on the information sought to be corrected and/or setting forth reasons for disagreeing with the decision not to correct the file.
- If the record is to be amended, the Associate Dean, Academic Affairs shall instruct that the record be amended accordingly and inform the student of the amendment in writing.

Of note: FERPA permits a student to request that inaccurate or misleading information in educational records be amended. However, these procedures may not be used to challenge a grade, opinion or a substantive comment made by the Graduate School about the student and does not override accepted standards and procedures for making academic assessments.

Appendix IV: Standards of Conduct & Title IX

The Graduate School requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the graduate and medical college community in their interactions with each other. Membership in the Graduate School 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 Graduate School community by faculty is more than instructing the next generation of graduate

professionals; it is a commitment to serve as mentor and role model of the standards of the academic profession. Inherent in the concept of a scientific professional is an underlying integrity and ethical foundation that defines the tone and culture of the teacher-learner environment at the Graduate School.

The Graduate School's standards of conduct also enable students to begin to encounter and wrestle with the difficult moral and ethical questions that arise continuously throughout one's professional career. In this capacity 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 Graduate School to uphold the integrity and ethical standards of the community to the fullest extent possible. The standards of conduct listed below set forth general responsibilities of students and faculty in a teacher learner environment. 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/Honor Code

In order for students to be permitted to continue their studies at the Graduate School, students must demonstrate a range of skills and abilities, such as good judgment, a sense of responsibility and morality, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming effective scientists. 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 are not suitable for students at the Graduate School:

- 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;
- cheating otherwise committing a breach of academic and/or professional integrity;
- repetitively or egregiously failing to fulfill the professional requirements and responsibilities;
- committing an act of physical abuse or violence of any kind;
- sexual or other prohibited forms of harassment;
- sharing confidential or inappropriate information (including but not limited to, photos, images, text or video) on the internet or any form of electronic media
- being repeatedly absent, unexcused, from a required course, or 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 Dean of the Graduate School. Faculty are similarly required to report a violation to the Dean of the Graduate School. Each student shall be bound by standards of conduct described above and shall be presumed to be familiar with the above

provisions. Note to all- I believe that the text that was deleted is largely replicated in the new Code of Legislation. Would be great if you could confirm.

Sexual Harassment

The Human Resources Department, Title IX Coordinators, and the Office of Equal Opportunity Programs are available to assist all members of the Medical College community 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.

Title IX Regulations

The U.S. Department of Education's [Office for Civil Rights](#) (OCR) enforces Title IX of the Education Amendments of 1972 prohibiting discrimination on the basis of sex in education programs and activities. Title IX protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. Title IX states that:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

The Graduate School 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.

Title IX and Sexual Misconduct

Cornell University and Weill Cornell Medical College are committed to providing a safe, inclusive, and respectful learning, living, and working environment for the University community. Cornell University's [Policy 6.4](#) addresses issues of bias, discrimination, harassment, and sexual and related misconduct, including gender-based harassment, sexual harassment, sexual assault, domestic and dating violence, stalking, and sexual exploitation. The Graduate School will respond promptly and appropriately to all reports of sexual misconduct.

To ensure that all students understand the policy and its applicable procedures, new graduate and professional students must complete training when they arrive on campus. Leaders of student organizations must also complete training annually. The training is designed to increase your awareness of sexual assault and related misconduct, help prevent this misconduct, and provide you with information about resources available to you.

Information on Weill Cornell Medicine's Title IX resources and student procedures may be viewed here: http://weill.cornell.edu/education/student/stu_campus_sec.html.

Sexual harassment is sex discrimination and is therefore illegal.

Dealing with Sexual Harassment or any type of Sexual Misconduct

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.

Also, consider discussing the matter with the harasser's supervisor or department chairperson, or with the Title IX coordinator. Complaint Procedures

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

JoAnn Difede, Ph.D., Title IX Coordinator, has been designated to investigate and seek resolution of complaints of all Weill Cornell medical and graduate students, regarding prohibited acts, including sexual misconduct. Students are welcome to contact her at 212-746-9915, nosexualmisconduct@med.cornell.edu, or jdifede@med.cornell.edu to discuss any concerns that they may have.

Any student of the Medical College who suspects that they have experienced sexual harassment, as defined within these procedures at http://weill.cornell.edu/education/student/pdf/Sexual_Misconduct_Policy.pdf, 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 Title IX coordinator will provide assistance. If a supervisor, administrator, faculty member or counselor receives a complaint or inquiry about sexual harassment, it is imperative that the Title IX coordinator be contacted to provide advice on procedures for sexual harassment cases. These discussions 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.

For a complete description of Title IX grievance procedures, please see http://weill.cornell.edu/education/student/pdf/Sexual_Misconduct_Policy.pdf and http://weill.cornell.edu/education/student/stu_campus_sec.html for a list of resources.

Similar procedures are available for faculty, contact Rache Simmons, M.D. (rms2002@med.cornell.edu), and staff, contact Angela Charter Lent (anc2035@med.cornell.edu).

Student Bill of Rights regarding Sexual Misconduct

Students have the right to:

- Make a report to local law enforcement and/or state police;
- Have disclosures of domestic violence, dating violence, stalking, and sexual assault treated seriously;
- Make a decision about whether or not to disclose a crime or violation and participate in the judicial or conduct process and/or criminal justice process free from pressure by Weill Cornell;
- Participate in a process that is fair, impartial, and provides adequate notice and a meaningful opportunity to be heard;
- Be treated with dignity and to receive from Weill Cornell courteous, fair, and respectful health care and counseling services, where available;
- Be free from any suggestion that a complaint is at fault when these crimes and violations are committed, or should have acted in a different manner to avoid such crimes or violations;
- Describe the incident to as few Weill Cornell representatives as practicable and not be required to unnecessarily repeat a description of the incident;
- Be protected from retaliation by Weill Cornell, any student, the accused and/or the respondent, and/or their friends, family and acquaintances within the jurisdiction of Cornell;
- Access to at least one level of appeal of a determination;
- Be accompanied by an adviser of choice who may assist and advise a complainant, accused, or respondent throughout the judicial or conduct process including during all meetings and hearings related to such process; and
- Exercise civil rights and practice of religion without interference by the investigative,

criminal justice, or judicial or conduct process of Cornell University

APPENDIX V. Emergencies, Safety, and Security

All resources concerning emergencies, safety, and security are collated on the Weill Cornell Medicine Emergency Information web-site: <https://emergency.weill.cornell.edu/>.