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Academic Integrity and Plagiarism Policy

Academic Integrity Policy

Students of Notre Dame Seminary are required to commit themselves to responsible scholarship. It is expected that every student works and studies to the best of their ability for every course. Students also accept responsibilities and obligations which include commitments to honesty, disciplined study, and integrity in their academic work. They will be expected to respect academic scholarship by giving proper credit to other people's work, while at the same time preparing well for assigned materials and examinations in such a way that their academic integrity will never be questioned.

Plagiarism Policy

Notre Dame Seminary clearly communicates the Plagiarism Policy to new students at orientation at the beginning of each academic year. At this time, all students will be asked to acknowledge their understanding of this policy by signing an Academic Integrity Policy Form. A copy of this form will be kept in the students' folders in the Registrar's office. In addition to its introduction at orientation, this Plagiarism Policy is included on all course syllabi to serve as a reminder and resource for students. The Academic Dean will keep a log of all suspected and verified instances of plagiarism. Plagiarism is considered not only an act of dishonesty, but also a violation of academic integrity. NDS defines plagiarism to include the following actions by students:

- Submitting an essay (or other written work) written in whole or in part by another student;
- Quoting or paraphrasing an essay (or other written work), in whole or part, that was taken from a text or copied from an internet source, without acknowledging the original source with a citation;
- Restating a clever phrase *verbatim* from another writer without acknowledging the source with a citation;
- Paraphrasing part of another writer's work without acknowledging the source with a citation;
- Taking work originally done for one instructor's assignment and re-submitting it to another instructor;
- Cheating on tests or quizzes through the use of crib sheets, hidden notes, viewing another student's paper, revealing the answers on one's own paper to another student; through verbal or textual communication, recording devices, cellular telephones, headsets, and portable computers; and
- Copying another student's homework and submitting the work as if it were the product of one's own labor.

If a professor determines that an act of plagiarism or any other form of academic dishonesty has occurred, the consequence will be that a failing grade/zero will be given for that assignment. If a student wants to contest this judgement, he or she can follow the procedures outlined in the *NDS Appealing Grades Policy*.

If a student needs directions regarding the proper form of citation, he or she should consult the NDS Style Guide and speak with his or her professor before turning in the assignment in order to get clarification.

Please read and sign the back of both copies of this form acknowledging that you have received and understand this policy. Turn in one copy and keep the other for your records.



NDS Academic Integrity Policy Acknowledgement Form

I have read the NDS Academic Integrity and Plagiarism policies and I understand that I must use research conventions to cite and clearly mark other people's ideas and words within my paper. I understand that plagiarism is an act of academic dishonesty. I understand it is academically unethical and unacceptable to do any of the following acts:

- To submit an essay (or other written work) written in whole or in part by another student;
- To quote or paraphrase an essay (or other written work), in whole or in part, that was taken from a text or copied from an internet source, without acknowledging the original source with a citation;
- To restate a clever phrase *verbatim* from another writer without acknowledging the source with a citation;
- To paraphrase part of another writer's work without acknowledging the source with a citation;
- To reproduce the substance of another writer's argument without acknowledging the source;
- To take work originally done for another instructor's assignment and re-submitting it to another instructor;
- To cheat on tests or quizzes through the use of crib sheets, hidden notes, viewing another student's paper, revealing the answers on one's own paper to another student; through verbal or textual communication, recording devices, cellular telephones, headsets, and portable computers; and
- To copy another student's homework and submitting the work as if it were the product of one's own labor.

I understand that if a professor determines that an act of plagiarism or any other form of academic dishonesty has occurred, the consequence will be that a failing grade/zero will be given for that assignment. I also understand that if I want to contest this judgement, I can follow the procedures outlined in the NDS Appealing Grades Policy.

NAME: _____

Please print legibly

SIGNATURE: _____

DATE: _____



Emergency Contact for Missing Students

In compliance with the *Missing Student Procedures 20 USC 1092 (section 488 of the Higher Education Opportunity Act of 2008)*, it is the policy of Notre Dame Seminary to investigate any report of a missing student who resides on-campus at Notre Dame Seminary.

Each student living in an on-campus student housing facility has the option to identify an individual to be contacted by the seminary and register confidential contact information in the event that the student is determined to be missing for a period of more than 24 hours. Only authorized campus officials and law enforcement officers in furtherance of a missing person investigation may have access to this information.

Student's Full Name: _____

Date of Birth: _____ Cell Phone Number: _____

Campus Housing Assignment/Room Number or Home Address:

IN CASE OF EMERGENCY

Contact:	2 nd Contact:
Relationship to Student:	Relationship to Student:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:

I do not wish to identify an emergency person in accordance with the Missing Student Notification Policy.

I have read the Notre Dame Seminary Missing Student Policy and understand that the individual(s) listed above will be contacted should I be deemed missing for more than 24 hours.

Student's Signature

Date



Change of Status Add/Drop

Date: _____

Student: _____
Print full name

Lay Students Please Circle YES or NO:

Ecclesial Ministry Discount (EMD) Recipient	YES	NO
Handing on the Faith (HOF) Recipient	YES	NO

Please add the following class(s):

Course Number: _____

Course Name: _____

Course Number: _____

Course Name: _____

Reason: _____

Please drop the following class(s):

Course Number: _____

Course Name: _____

Course Number: _____

Course Name: _____

Reason: _____

Student Signature: _____

Approval: _____
Academic Dean or Program Director

Return the completed form to the Registrar's Office. This request will not be processed until the form is completed (including signatures) and is returned to the Registrar's Office.



Transcript Request

To: The Office of the Registrar
Notre Dame Seminary
2901 South Carrollton Avenue
New Orleans, LA 70118-4391

From:

Last Name First Name Middle Initial

Address City State Zip Code

Did you graduate? What year? If you did not graduate, what was the last term attended (eg: Spring 2015)

Maiden Name

Cell Phone Home Phone Email Address

Please forward _____ "official" / _____ "unofficial" copy/ies of my complete transcript(s) to:

I enclose the transcript fee of \$ _____ (\$5 for each official transcript; \$2 for each unofficial transcript). No more than five (5) transcripts can be issued at one time.

Signature

Date



Request for Leave of Absence / Withdrawal

Instructions: Please complete the following information and have the Program Director sign it. It is then to be submitted to the Office of Registrar.

Name: _____ Date of Birth: ____/____/____

Address: _____

Email Address and Telephone Number: _____

Program: MA Theological Studies ILEM MAPL

I am requesting a leave of absence.

Circle number of semesters you are requesting: 1 or 2

Effective Term: Fall or Spring or Summer of 20____

I expect to return to NDS for the: Fall or Spring or Summer of 20____

I am requesting to withdraw from NDS.

Reason for requesting leave of absence / withdrawal: Medical Personal

What was the last date that you attended classes at NDS? ____/____/____

Student's Signature: _____ Date: ____/____/____

Approval of this leave is contingent upon the student being in good standing (academically and financially) at the close of the semester before the leave begins.

OFFICE USE ONLY

Most recent semester enrolled: _____ Cumulative GPA: _____

Program Director or Academic Dean's Signature: _____

Date: ____/____/____

Registrar's Initials _____ Processing Date: ____/____/____



MASTER OF ARTS/ILEM/MAPL/Deacon REGISTRATION FORM

Name: _____ Semester: _____

Address: _____ Date: _____

City, State, Zip: _____ Applying for HOF: YES NO

Home Phone: _____ Ministry Title: _____

Cell Phone: _____ Ministry Organization: _____

Email: _____ Social Security No: _____

Program (check one)

_____ Master of Arts in Theological Studies

_____ ILEM Commissioning Program

_____ ILEM/MAPL

_____ Diaconate Program

Eligible and Applying for Handing on the Faith (HOF) funds? YES NO
(HOF assumes EMD)

Eligible and Applying for Ecclesial Ministry Discount (EMD) funds? YES NO

Is your Ministry Organization contributing to your tuition? YES NO

Course No.	Course Title	Credits	Instructor	Days & Hours

PLEASE SUBMIT THIS REGISTRATION FORM AND FEES DIRECTLY TO THE REGISTRAR'S OFFICE

If faxing, indicate "Attention Registrar's Office" FAX: 504-866-3119

All fees must be submitted with this form, and tuition is due on or before the first day of class. Forms submitted after registration week are subject to the \$100 late fee. See the online Tuition/Fee schedule under the Registrar tab on the NDS website (www.NDS.edu) to determine amounts. Make checks payable to Notre Dame Seminary.

FOR OFFICE USE ONLY

PROGRAM DIRECTOR'S SIGNATURE _____

ADVISOR'S SIGNATURE _____



MASTER OF DIVINITY, BPHIL, MPHIL REGISTRATION FORM

Name: _____ Semester: _____

Date: _____ Class Level: _____

Date of Birth: _____ Diocese: _____

New or Returning? _____ Formation Advisor: _____

Course No.	Course Title	Credits	Instructor	Days & Hours

Seminarian's Signature: _____ Date: _____

Formation Advisor's Signature: _____ Date: _____

Academic Dean's Signature: _____ Date: _____

NOTES:



INTERNET POLICY

Notre Dame Seminary reserves the right to monitor all of its own computers and internet usage of those computers connected to the Notre Dame Seminary systems. The Seminary's systems may not be used to transmit, retrieve, or store any type of communication, message, image or material that is:

- Discriminatory or harassing;
- Derogatory or inflammatory regarding an individual's race, age, disability, religion, national origin, or physical attribute;
- Obscene, x-rated, and pornographic;
- Abusive, profane or uses offensive language;

The seminary's systems may not be used for any purpose that is illegal or immoral or that is an offense against any of the seminary's policies, or contrary to the seminary's interests. Failure to comply with this policy may result in disciplinary action, up to and including termination of employment and/or dismissal from the seminary. Additionally, the seminary may advise the appropriate law enforcement authorities of any illegal activities involving its system.

INTERNET POLICY ACKNOWLEDGEMENT

I, _____, hereby acknowledge that on _____, I have read, understand its meaning, and agree to conduct myself according to the Internet Policy as stated above and in the *Seminarian Handbook*. I have also been given copies of the *General Policy and Procedure on Technology*, and the *Technology Policy for Pastoral Work with Young People* for the Archdiocese of New Orleans.

Signature

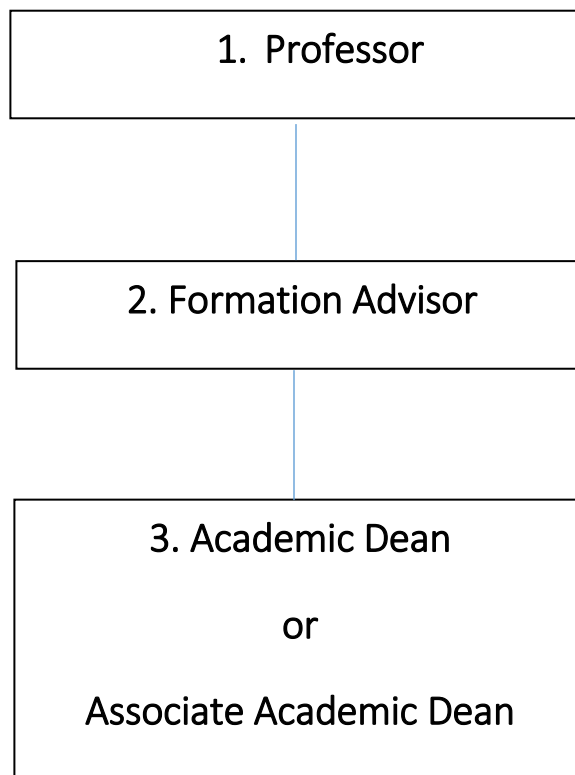
Print Name

Date



Chain of Command for Academic Concerns

1. Should there be a concern regarding academics, you must first speak with your professor.
2. If after speaking with your professor a resolution is not reached, you are to meet with your formation advisor.
3. If a resolution is not reached after following the advice of your formation advisor, you may make an appointment to speak with the Academic Dean or the Associate Academic Dean.





SEMINARIAN CONSENT FORM

I, _____, hereby grant the administration of Notre Dame Seminary permission to send grade transcripts and evaluation reports to my Ecclesiastical Ordinary and Vocation Director in accord with Ecclesiastical Law.

Signature

Print Name

Date



BACKGROUND CHECK POLICY

The seminary follows the guidelines and policies of the Archdiocese of New Orleans. Criminal background checks are done on all seminarians each year in August or September. Seminarians sign a letter of authorization granting permission for such a search. If a diocese does an initial screening as part of the admissions process the seminary will not conduct a check in the first year of enrollment. Checks will be done in subsequent years unless this is done by the diocese or religious community.

AUTHORIZATION

I, _____ authorize and give permission to Notre Dame Seminary, in accordance with the guidelines and policies of the Archdiocese of New Orleans, to perform its yearly Criminal Background Check.

Signature

Printed Name

Date



PSYCHOLOGICAL CONSENT FORM

I, _____, give Father James A. Wehner, Rector/President of Notre Dame Seminary, permission to release the findings of my Psychological Testing to Dr. Mario Sacasa, members of the counseling staff of Notre Dame Seminary.

The purpose of this release is to provide an opportunity for a dialogue between myself and the counselor in which the counselor will assist me in reviewing and understanding the contents of my psychological evaluation(s).

It is my understanding that the confidentiality of this dialogue will be respected and that the counselor will only report to the rector whatever he and I agree to release to him for the benefit of my formation.

Any other reporting will be conducted as “self-reporting” between myself and the rector.

I do hereby give consent to the release of the records described above freely and voluntarily.

Seminarian Signature

Seminarian Name Printed

Date