

*University of Connecticut Health Center  
Graduate School  
Student Handbook*

*Preface*

This handbook outlines the policies and procedures of the University of Connecticut Graduate School as they apply here at the Health Center. It serves as a resource concerning the academic requirements and procedures of the Graduate School. I urge you to read and become familiar with the information contained in this handbook. In particular, I draw your attention to Policy A, University of Connecticut Student Conduct Code, and Policy D, Policy and Procedures on Conflicts of Interest in Research, which have had recent changes. For information that pertains to particular programs or areas of concentration you should consult with your program director. If this handbook does not address your specific questions, you may consult your program director, the Director of Enrollment Services (Cliff Sargis), or me. I wish you success in your academic endeavors.

Sincerely,

Lawrence A. Klobutcher  
Associate Dean of the Graduate School

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**I. Introduction****A. Mission Statement****1. Ph.D.**

The goal of the Ph.D. Program in Biomedical Science at the University of Connecticut Health Center is to educate individuals dedicated to pursuing careers as scientists and scholars in biological and biomedical sciences. To achieve this goal, an academic environment is maintained which fosters creative thinking and supports programs leading to excellence in scholarship, research, and teaching. A primary responsibility to students is to help them optimize the expression of their native intelligence and technical abilities. This environment encourages students to develop a conceptual base, synthesize and correlate new ideas and concepts, and develop strategies for rigorously testing novel hypotheses. (Adopted 5.7.90 by the Graduate Programs Committee)

**2. Master of Public Health**

The mission of the Master of Public Health Program is to offer graduate education in the science and practice of public health. In particular, the MPH program seeks to: (1) provide health professionals with the broad public health perspectives and skills necessary to assume effective leadership in the public health field; (2) offer opportunities for selective public health study to students in other academic or professional programs in health, the social sciences, human services, and administration; (3) promote research related to existing public health problems; and (4) facilitate the provision of community health service in support of the program's educational goals. (From Graduate Program in Public Health Student Handbook, 1992/93)

**3. Master of Dental Science**

The Dental Science program is an interdepartmental program leading to the degree of Master of Dental Science. The program offers an opportunity for study and research in dental science, the basic life sciences, and the allied health fields. It is designed to fill the gap between the Ph.D. programs and the various residency and specialty training programs provided by the School of Dental Medicine. The principal objective is to provide instruction in dental science that will enhance the student's ability to instruct and undertake research in dental schools. Courses of study are flexible with major emphasis on the accomplishment of research.

**4. Master of Science Program in Clinical and Translational Research**

The Masters program in Clinical and Translational Research is designed to prepare health care professionals with the academic and research skills needed to be competitive for independent research. The program will focus on the preparation of individuals with established, terminal degrees in a health related field (M.D., Ph.D., Pharm.D., D.D.S. or D.M.D.) to conduct independent research in translation of information from the basic sciences to the community as researchers, teachers, public health administrators, clinicians, and industry employees competent to carry out the broad health mission of the State of Connecticut.

## **B. Governance**

### **1. Graduate Programs Committee**

The Graduate Programs Committee (GPC) is the policy making body for graduate education at the Health Center. The primary charge to the GPC is to establish rules, regulations and specific policies with respect to academic matters for all graduate school programs at the Health Center, acting always within the general policies of the Graduate School and the Board of Trustees. Included in this charge, the GPC approves proposals for new areas of concentration (AoC), assists the Associate Dean in the periodic review of existing AoC, sets policy for awarding graduate assistantships, and other related duties. An Associate Dean, appointed by the Graduate Dean in Storrs, resides at the Health Center. The GPC is composed of a chair person, vice-chair person and duly appointed representatives of the several AoC comprising the Biomedical Science Graduate Program. Currently these AoC are: Cell Biology; Genetics and Developmental Biology; Immunology; Molecular Biology & Biochemistry; Neuroscience; and, Skeletal, Craniofacial & Oral Biology. In addition, the Master of Public Health, d Master of Dental Science, Master of Clinical and Translational Research and PhD in Public Health degrees are represented by appointed individuals who are voting members of the Committee.

*Ex Officio Members:* Chair of the MD/Ph.D. Program (voting), Chair of the DMD/Ph.D. Program (voting), a representative from the Graduate Student Organization (voting except for student assistantships), Associate Dean of the Graduate School (Health Center campus), Director of Student Services, a representative from Health Career Opportunities Program, and a representative from the School of Dental Medicine complete the membership of the GPC.

### **2. Interaction with Storrs**

The Graduate School at the Health Center is a division of the University of Connecticut whose headquarters are located on the Storrs campus. Representatives from the Health Center sit as elected members of the Graduate Faculty Council. An Associate Dean appointed by the Dean of the Graduate School also resides at the Health Center and serves as an *ex-officio*, non-voting member of the Executive Committee of the Graduate Faculty Council. Faculty members of an Area of Concentration in the Biomedical Science program, Master of Public Health and Master of Dental Science program can be elected to membership on the Storrs' Graduate Faculty Council.

### **3. Student Services Center**

The Office of Records/Registration (ORR) at the University of Connecticut Health Center is a part of the Student Services Center and a branch office of the Graduate School at Storrs. Some of the responsibilities of the Student Services Center for all Health Center schools (Graduate School, School of Medicine, and School of Dental Medicine) are admissions, records and registration, financial services, student affairs and student activities. Responsibilities specific to the Office of Records/Registration are to compile the schedule of classes and produce course offering booklets for degree and non-degree students, distribute appropriate material for timely completion of academic parameters, provide guidance to students for completing their course work and thesis, provide bursar services to students for their tuition and fee bills, and other related duties. All forms required during a student's period of enrollment can be collected from the ORR. The Office provides administrative support to the Graduate Programs Committee and various subcommittees of the GPC as well as the Graduate Student Organization.

Important contacts:

• Janice Gilkes	Records/Registration	679-2990
• Swapna Das	Records/Registration	679-3125
• Charley Rowland	Fiscal Services/Stu. Health Plan/GSO	679-1632
• Stephanie Rauch	Biomed Sci Events/Recruitment	679-4509
• Tricia Avolt	Biomed. Sci. Admissions	679-4306
• Barbara Case	MPH Admissions	679-1503
• Lisa Godin	MCTR Admissions	679-4145
• Tracy Dieli	MD/PhD Admissions	679-2487

#### 4. Area of Concentration/Degree Program (Program Offices)

Each Area of Concentration (AoC)/Degree Program at the Health Center has a program office. The offices for the Ph.D. programs are located within the laboratory section of the Health Center and are associated with one of the several basic science departments.

<b>Area of Concentration/Degree Program</b>	<b>Program Director(s)</b>	<b>Phone</b>
<b>Cell Biology</b>	Dr. Kevin Claffey Dr. Linda Shapiro	679-8713 679-4373
<b>Genetics and Developmental Biology</b>	Dr. William Mohler Dr. James Li	679-1833 679-3836
<b>Immunology</b>	Dr. Anthony Vella Dr. Adam Adler	679-4364 679-7992
<b>Molecular Biology and Biochemistry</b>	Dr. Steve King Dr. Chris Heinen	679-3347 679-8859
<b>Neuroscience</b>	Dr. James Hewett Dr. Richard Mains	679-4131 679-8894
<b>Skeletal, Craniofacial, &amp; Oral Biology</b>	Dr. Mina Mina Dr. Carol Pilbeam	679-4081 679-3846
<b>Biomedical Scholars Track</b>	Dr. Richard Zeff	679-2112
<b>MD/PhD Program</b>	Dr. Barbara Kream	679-3849
<b>DMD/PhD Program</b>	Dr. Alan Lurie	679-4049
<b>Master of Public Health</b>	Dr. David Gregorio Ms. Joan Segal	679-5480 679-3446
<b>Master of Dental Science</b>	Dr. Art Hand	679-2395
<b>Master of Clinical and Translational Research</b>	Dr. Anne Kenny	679-4928
<b>PhD in Public Health</b>	Dr. Ann Ferris Dr. Susan Reisine	679-5419 679-3823

## II. Academics

The Office of Records/Registration at the Health Center was established to be the students' liaison with Storrs and to help expedite their paperwork. Students do not need to travel to Storrs to submit any paperwork; the ORR will act as a conduit for the student in all capacities. As noted throughout this handbook, the Graduate Records Office is the official office at the Storrs campus where all original paperwork is forwarded via the ORR.

### A. Registration

All graduate students must maintain registration each Fall & Spring semester until termination of the degree program either by completion or withdrawal. Students failing to maintain registration will be administratively dismissed by the University. Students normally take all of their courses at the Health Center. It is possible, with permission of the AoC, to take courses at another branch of the University of Connecticut. Students attending school at the Health Center, especially students on GPC assistantships, must register for all courses at the Health Center regardless of which campus they plan to attend.

**Comment [U1]:** Is this section on registration still accurate? If not, modify as necessary.

#### 1. Fall and Spring Registration

A course registration booklet is published two times per year, Fall and Spring semesters. This booklet lists all courses available to students in the Ph.D. in Biomedical Science program, the Master of Public Health program and the Master of Dental Science program. The booklet is published on the web (hard copy is available upon request) for the Fall and Spring semester. Students register in person, or by mail or fax, during the scheduled registration periods each semester. **The student is responsible for obtaining all required signatures.**

#### 2. Summer Registration

Summer registration takes place in May (for all summer sessions) and June (for second summer session). Students registering in the summer are enrolled through the Credit Programs portion of the University and a different fee schedule applies. **Graduate assistantships do not cover the cost of summer courses.**

#### 3. Permission to Take Courses

Students must have their advisor's signature on the registration form before registration will be accepted for either independent studies or laboratory rotations. Some courses also require permission from the instructor or other authorized individuals.

It is advisable to make an appointment with your advisor prior to arrival at the Health Center for registration. Your advisory committee will direct you to the appropriate courses to take. Each AoC has certain requirements for courses. Please consult the Program Director of your AoC if you have any questions regarding this selection.

#### 4. Continuous Registration

Students who have completed all course requirements for the degree, including the required research credits, have to maintain continuous registration until the entire program has been completed. This is done by registering for "Continuous Registration" (GRAD 6998 or 6999 for Master's students; GRAD 5998 or 5999 for Ph.D. students) each semester. Any student

holding an assistantship cannot register for Continuous Registration but must maintain full-time status. Failure to register will invalidate a program and an administrative withdrawal will result. Reinstatement is granted only by the Dean of the Graduate School at Storrs. The reinstatement fee is presently \$65.00 plus all fees in arrears.

## **5. Ph.D and Masters Research Credits Requirement**

Ph.D. students matriculating in the Fall of 1998 and later are required to complete a minimum of 15 research credits. Plan A Masters students matriculating in the Fall of 1998 and later are required to complete a minimum of 9 research credits. Students will generally register for these credits after they have completed all of their required course work. Courses that are used to fulfill this requirement include GRAD 6950, 6960 and 6930 for Ph.D. students and GRAD 5950, 5960 and 5930 for Plan A Masters students.

## **B. Advisory Committee**

Degree programs are generally planned by the Area of Concentration (AoC). Each advisory committee follows the plan established by the AoC (e.g. regarding course load, preliminary examinations and thesis work) except where the GPC has set rules regarding assistantship support.

A major advisor must be appointed at the appropriate level by the Dean of the Graduate School by authorization of the President of the University to advise in a particular field of study. Once admitted to a degree program at the Health Center, a student is assigned a major advisor for the first one to two years of study. This advisor will assist in outlining the courses needed to be completed in preparation of the General Exam. Most students will change major advisors sometime during the second year of study or just prior to beginning their thesis work. Appropriate forms must be filed before the official change can occur. Occasionally, it may be desirable or appropriate for a student's degree program to be directed by co-major advisors (not more than two). Each co-major advisor must hold an appropriate appointment to the Graduate School faculty in the field of study and area of concentration, if applicable.

The major advisor is responsible for coordinating the supervisory work of the advisory committee. Therefore, when the major advisor is to be on leave or is not in residence at the Health Center, it is the major advisor's responsibility to appoint an acting major advisor. The acting major advisor must be a member of the Graduate School Faculty or fully eligible for an appointment to this faculty. The acting major advisor shall assume all duties and responsibilities of the major advisor for the duration of the appointment. The major advisor shall inform the Dean of the Graduate School and the Graduate Records Office of the appointment and shall record with the Dean any information that may be required concerning the credentials of the acting major advisor.

### **1. Change of Major Advisor or Membership in the Advisory Committee**

If a change of a major advisor becomes necessary for any reason, including a change of the Program Director, a form must be filed by the student with the Office of Records/Registration bearing the signature of the new advisor. The signature of the former advisor is requested for informational purposes only but is not required. It does not, in any way, signify permission or consent on the part of the former advisor. If a major advisor decides that it is not possible to continue as a student's major advisor and wishes to resign, the Office of Records and Registration must be notified in writing at the earliest possible moment. The student is provided with a reasonable opportunity to arrange for a new advisor. If a new major advisor is not identified within six weeks of the resignation of the former major advisor, the student's graduate degree program status is terminated. A student whose status has

been terminated may request a hearing before the Associate Dean by filing a written request within 30 days of receipt of the letter of termination.

Student advisory committees are responsible directly to the Associate Dean of the Graduate School. Any changes in the membership of an advisory committee that has been duly established must be made in writing by the major advisor to the Office of Records and Registration.

**2. Master's Degree Advisory Committee Membership**

The advisory committee of a master's degree program student is formed after consultation between the major advisor and the student and shall include at least two associate advisors, at least one of whom must hold a current appointment to the faculty or professional staff of the University of Connecticut, with suitable academic or scientific credentials. This committee should be formed before the student has completed twelve credits of degree program course work and shall then supervise the remainder of the student's degree program.

**3. Ph.D. Degree Advisory Committee Membership**

The advisory committee of a doctoral degree program student is formed after consultation between the student and the major advisor and shall include at least two associate advisors with suitable academic or scientific credentials. The major advisor and at least one associate advisor shall be members of the Graduate faculty appointed to advise doctoral students in the student's field of study and area of concentration, if applicable. In addition to the three or more members chosen in the usual way, another member, ordinarily a member of the graduate faculty outside the student's field of study but in a related field may be appointed by the Dean of the Graduate School.

**4. External Advisors**

If deemed appropriate or necessary, a master's or a doctoral student's major advisor may request that a suitably qualified external associate advisor be appointed to the student's advisory committee as a full and voting member by writing to the Office of Records and Registration. The request should be accompanied by a curriculum vita for the individual being recommended for appointment. Such appointments are made on the basis of advanced training and significant experience in the field of study. An appointment as external associate advisor is limited to an individual student's advisory committee and does not imply in any way membership on the Graduate Faculty of the University. Ordinarily, not more than one external associate advisor is appointed to any master's or doctoral student's advisory committee. External associate advisors must attend the defense. (The Graduate School is not in a position to reimburse an external associate advisor for related expenses.) The major advisor and at least one associate advisor on any doctoral or master's committee must be members of The University of Connecticut Graduate Faculty.

**5. Outside Readers**

Outside readers are experts external to UConn who participate in some way in the research and /or the preparation of the dissertation but are not required to attend the defense, do not judge the dissertation or the defense in any way, but DO sign the Approval Page of the dissertation as an Outside Reader as evidence of their participation in the process.

**C. The Doctor of Philosophy Degree**

The Ph.D. is the highest degree offered by the University. The program leading to its attainment is intended to give persons of outstanding ability the opportunity to become creative contributors in a scholarly field. Award of the degree testifies to broad mastery of an established subject area, acquisition of acceptable research skills, and a concentration of knowledge in a specific field.

While certain minimum requirements are set by the Graduate School, it is important for students to realize that work toward this degree is not merely a matter of accumulating course credits or of satisfying other requirements. The degree will be conferred after the advisory committee and the Graduate Faculty are convinced that the student has developed independence of judgment and mature scholarship in the chosen field. An individual may not earn more than one Ph.D. in a single field of study at this institution.

This book will describe in detail each step for completing the Program. Students who are awarded GPC assistantships must complete these requirements in a timely manner in order to be eligible for support each year. Students not supported by the GPC should also use these criteria as guidelines.

## **1. Timely Completion of Ph.D. Degree Requirements in Biomedical Sciences**

The schedule below is a brief outline establishing a time frame for courses and thesis requirements. Ph.D. students generally complete 44-48 credits for the degree. For students matriculating in Fall of 1998 or later 15 of the credits must be Graduate Research credits. A student already holding a Master's degree must complete 24 credits.

- a. Summer Before Year #1**
  - Students have the option of entering the first year of graduate school during the summer of the year they plan to matriculate. Although this is not a requirement, students may enter and complete a laboratory rotation at that time. Summer lab rotations are included on the Fall registration for the student.
- b. First Year**
  - Register for courses as prescribed by the assigned Advisory Committee for students in the open admissions program, or the Program Director of the AoC for students admitted to a specific Area. Note: each AoC has specific course requirements.
- c. Summer (Year #1)**
  - Complete Laboratory Rotation or Independent Study. Summer work is added to the Fall registration for the student.
  - File a Plan of Study (should be filed after taking 12 credits).
- d. Second Year**
  - Complete didactic course work.
  - General Examination is usually taken during the 2nd semester of the 2nd year.
  - Choose an advisory committee for thesis work.
- e. Third Year**
  - Begin thesis work. Register for one of the required research courses (GRAD 6950, 6960, 6930) or Continuous Registration. Students must register each semester until the program of study has been completed.
  - Many students also register for Journal Club during this time.

- f. **Fourth Year**
  - Continue thesis work. Register for Dissertation Research credits.
- g. **Beyond the Fourth Year**
  - Continue thesis work. Register for Dissertation Research credits.
  - Completion of Program.

If you have any questions regarding requirements for your Area of Concentration, please contact your Program Director. If you have any questions regarding the Graduate School in general, please contact the Office of Records/Registration.

## 2. Time Limits

The equivalent of at least three years of full-time study beyond the baccalaureate or two years beyond the master's degree (in the same or closely-related field) is required. All work must be completed within eight years of the beginning of doctoral study, or, if the student entered with a master's degree in the same or a closely related field, the doctorate must be completed in seven years. The beginning of doctoral study is defined as the beginning date of the earliest course, wherever taken, listed on the approved doctoral plan of study. Failure to complete the work within the periods specified or failure to maintain continuous registration (See "Continuous Registration") shall necessitate reevaluation of the entire program and may result in a notice of termination. In addition, students receiving assistantships must follow the Timely Completion requirements in order to continue receiving support. (See Timely Completion requirements above.)

## 3. Residence Requirement

The graduate student can fulfill the special demands of a doctoral program only by devoting a continuous period of time to concentrated study and research with a minimum of outside distraction or employment. During the second or subsequent years of graduate work in the field, at least two consecutive semesters or, with the consent of the advisory committee and the student, one semester together with a contiguous summer period consisting of Summer Session I and Summer Session II of full time study (six credits or the equivalent in each session) must be completed in residence. This residence period must be completed at the Health Center in Farmington.

In any fall or spring semester that is to be part of the student's residence period, registration for courses must be processed through the University Registrar via the Health Center's Office of Records/Registration. Payment of semester fees must also be submitted via the Health Center's Office of Records/Registration.

The essential criterion for full-time study as required for fulfillment of the doctoral residence requirement is whether the student is in fact devoting essentially full-time effort to studies, without undue distraction caused by outside employment. It is left to the advisory committee to determine whether a student's outside employment is a distraction that prevents the student from devoting essentially full-time effort to the planned program. The advisory committee shall record this determination on the plan of study together with a description of the nature, extent, and period(s) of employment in all cases of approved outside employment during the residence period. Students receiving Graduate Programs Committee Assistantship should not be engaged in outside employment.

## 4. Plan of Study

The Plan of Study must be prepared in triplicate, signed by the student and the members of the advisory committee, and submitted to the Office of Records/Registration **prior to taking the General Exam**. The Executive Committee of the Graduate Faculty Council reviews the plan for approval. **The student may not take the General Examination before the Plan of Study has been fully approved.** In addition, students on GPC assistantship funding must have an approved Plan of Study on file to be eligible to receive support for the second year.

**a. Course Credit Requirements**

Courses elected shall be consistent with the student's objectives and related to the field in which the degree will be taken. While there are no specific course requirements for the doctorate, except those in place by the Areas of Concentration at the Health Center and the required 15 research credits for students matriculating in the Fall of 1998 and later, the Executive Committee ordinarily expects the Plan to include about twenty to twenty-four credits of course work beyond the master's degree or its equivalent in the same or a similar field. The course work presented for the Ph.D. degree, including the required research credits, should generally equate to 44 to 48 credits beyond the baccalaureate or its equivalent.

The Plan shall designate any courses comprising a related or supporting area. Course credit by examination is not allowed as a means of accumulating credits to meet the requirements for advanced degrees at this institution. If an examination is permitted to be used to fulfill a related-or-supporting-area requirement for the Ph.D. degree, course credit is not given.

**b. Research Credit Requirement**

Ph.D. students matriculating in the Fall of 1998 and later are required to complete a minimum of 15 research credits. Students will generally register for these credits after they have completed all of their required course work. Courses that are used to fulfill this requirement include GRAD 6950, 6960 and 6930.

**c. Non-Degree Courses Included on the Plan of Study**

Advanced course work taken on a non-degree basis at The University of Connecticut may be included on a Ph.D. Plan of Study provided the following conditions are met: (1) the grades earned in such course work are B (not B-) or higher; (2) such course work is within the seven or eight year limit (whichever applies) for completion of Ph.D. degree requirements; and (3) such credits have not been applied toward any other degree here or elsewhere, awarded or to be awarded. In any event, inclusion on the Plan of Study of non-degree course work requires the consent of the advisory committee and is subject to the approval of the Executive Committee.

**d. Change of Plan of Study**

After approval of the Plan by the Executive Committee, any request for change must be submitted to the Office of Records/Registration on an official form bearing the signatures of the members of the advisory committee and the student, for approval by the Executive Committee. **The successful completion of all work indicated on the approved Plan of Study is a fundamental prerequisite to the conferring of the degree.**

**5. Transfer Credit**

Transfer of credit for course work completed at other institutions is approved only after the student has demonstrated the ability to do acceptable graduate work at The University of Connecticut. Such ability must be demonstrated by successful completion of graduate-level University of Connecticut course work. The equivalent of two years of graduate work completed at accredited institutions may be accepted, provided it is of at least B (not B-) quality and contributes to the objectives of the proposed doctoral program. Such graduate work may be approved for transfer provided that the general examination is to be passed and all degree requirements are to be completed within the prescribed periods-respectively, four or five years and seven to eight years-from the beginning date of the earliest course, wherever taken, listed on the approved doctoral plan of study. (See "Time Limits.") Transfer credit is not granted for individual courses used toward a degree elsewhere awarded. Instead, consideration is given to that degree program as an entity when the doctoral Plan of Study is being prepared. The number of transfer credits accepted to a plan is contingent upon the AoC and will be reviewed on an individual basis.

## 6. Evaluation of Performance

The advisory committee shall evaluate on a regular basis the student's performance. Any graduate student whose scholastic record does not meet the minimum requirements of the Graduate School may be subject to dismissal. However, the committee may insist on more than the minimum scholastic requirements and may take other factors into consideration in deciding whether or not to recommend to the Dean that the student be permitted to continue in the degree program.

## 7. General Examination

The General Examination, also known as the Preliminary Exam, is usually taken in year 2 except in the case of Immunology students who take it in the fall of year 3. An approved Plan of Study must be on file before a student can receive credit for taking the General Examination.

This examination shall be under the jurisdiction of the student's advisory committee. Each AoC has designated a specific way of conducting the General Exam. Please check your AoC for details regarding this Exam. The examination may be written, oral, or both. All members of the advisory committee must be present during any oral examination. Students shall be examined in the several facets of their field of study, not merely in their area of concentration. However, advisory or examining committees may give a cumulative series of examinations to be taken at intervals over the student's period of study. For practical purposes, the final part of such a series shall be regarded as "the general examination," and its scope may be limited as the advisory or examining committee may judge appropriate.

The examiners shall include at least one faculty member representing each of the major areas included in the examination. **Not fewer than five faculty members, including all members of the student's advisory committee, shall participate in the examination.** All examiners shall be invited to submit questions and to evaluate answers, but the final decision as to whether or not the student has passed the examination shall rest solely with the advisory committee unless the members of the Graduate Faculty in a student's field of study have voted to assign this authority to an examining committee.

After the examination, the major advisor shall communicate the results to the candidate as soon as a final decision can be made and immediately send the official report on the examination bearing the signature of each member of the advisory committee to the Office of Records/Registration. Should the committee permit the student to take the examination in several sections, only the final result should be reported. Forms are available in the ORR.

## 8. Dissertation Prospectus

Before preparation of the dissertation is well underway, the student shall file a prospectus of the proposed research, using the form obtainable at the Office of Records/Registration, and following guidelines included thereon. If human or animal subjects are involved in the proposed research, the major advisor certifies by signing the above-mentioned special form that all required institutional and external approvals have already been obtained and that documentary evidence of these approvals can be produced by the major advisor upon request. The prospectus must be submitted to the Chair of the Area Review Committee for approval before it is submitted to the Graduate Records Office (via the Office of Records/Registration). The Chair of the Graduate Programs Committee serves as the Chair of the Area Review Committee. **The approved Prospectus must be filed in the Graduate Records Office at least six months prior to completion of the degree program. It then must be approved by the Executive Committee of the Graduate Faculty Council not later than three months prior to the completion of the degree program.**

**The Graduate Programs Committee has stated in the assistantship criteria that within 12 months of passing the General Examination, the Dissertation Prospectus must be complete and approved by the Area Review Committee.**

#### **9. Candidacy for the Degree of Doctor of Philosophy**

Upon passing the General Examination, completing any remaining courses on the Plan of Study, fulfilling any related or supporting-area requirements, fulfilling the residence and any internship requirements, and having had the Dissertation Prospectus accepted by the Executive Committee, the student becomes a candidate for the degree of Doctor of Philosophy. A letter of candidacy is sent from the Graduate Records Office at Storrs to all students successfully completing all requirements for the degree except the dissertation and its oral defense.

#### **10. The Dissertation**

A dissertation representing a significant contribution to the candidate's field is a primary requirement. The dissertation shall be under the immediate and continuous supervision of the advisory committee and shall meet all standards prescribed by the committee and by the Graduate School. It must be acceptable in literary style and organization. The dissertation may not include any data or research results that cannot be made public at the time of the oral defense or that are subject to any other restriction.

Prior to writing the dissertation, the student is advised to obtain a copy of the University of Connecticut's specifications for preparation and submission of the dissertation. This booklet is available from the Office of Records/Registration. It is the student's responsibility to be certain that the dissertation conforms exactly to the specifications prescribed by the Graduate School. The dissertation is to be dated as of the calendar year in which all requirements for the degree are met.

When a student, in consultation with the advisory committee, sets a date for the defense, written notification of this date must be made at least four weeks prior to the actual defense. **Setting a date for the oral final exam implies that the student's committee has read and approved the thesis pending only minor changes.** A dissertation packet of forms necessary for completion is available in the Office of Records/Registration. At least seven days prior to the actual defense date, a complete preliminary or "working" copy of the dissertation must be received by the Office of Records/Registration. This copy incorporates changes suggested by the committee and should be the final completed document. This copy is reviewed by the ORR and then sent to the Graduate Records Office for format verification. A tentative approval form signed by all members of the advisory committee must be submitted along with the working copy.

Following the oral defense, the student must deposit at the Office of Records/Registration, **three** final, fully-revised original dissertations, all bearing original signatures. Two of the final copies of the dissertation will be submitted to the Graduate Records Office. One is bound and held in the reference section of the Homer Babbidge Library at Storrs. The other is sent to the microfiche company. The third copy is bound and held in the Lyman Maynard Stowe Library at the Health Center. These final copies must be printed on at least 25% rag-content bond paper of at least 20-pound weight.

In some cases, revision of the dissertation is required by the advisory committee as a result of the final examination. Final approval of the dissertation following the examination shall be indicated by the original signatures of all members of the advisory committee on final-approval pages, which must be submitted to the Office of Records/Registration immediately after the student has been examined if revisions are necessary. In any case, **three** final approval pages, with original signatures, and the dissertation copies must be received at the Office by the conferral period deadline in August, December, or May.

#### **11. Copies of the Dissertation**

If departments or programs require an extra copy of the student's dissertation, it is the student's responsibility to supply one directly to the department or program. Additional copies of the dissertation can be bound for personal use. The Office of Records/Registration has specific recommendations for binding these copies at a nominal charge.

#### **12. Abstract, Microfilming, Copyright, and Other Completion Requirements**

At the time the three final copies of the dissertation are submitted to the Office of Records/Registration, five typed copies of the abstract, not to exceed 350 words in length, shall also be submitted. The abstract is published in *Dissertation Abstracts International*.

The microfilming by University Microfilms International of all doctoral dissertations is required. Agreement forms for microfilming must be completed by doctoral candidates when submitting the dissertation to the Office of Records/Registration. This form also may be used to arrange for optional copyrighting of the dissertation.

Completion fees are charged for the binding and microfilming of the dissertation. If the dissertation is lengthy, the Babbidge Library may require that it be bound as more than one volume. Arrangements for fee payment are made at the Office of Records/Registration. There is also a fee for copyrighting, if desired.

All doctoral students must complete the "Survey of Earned Doctorates," form available at the Office of Records/Registration.

Dissertations handled by ProQuest Information and Learning (PQIL) Company are copyrighted in the name of the author. PQIL registers the copyright for the author (graduate student) with the U.S. Copyright Office (web site, <http://lcweb.loc.gov/copyright/>). Accordingly, student authors own their dissertations and can publish the contents of these works when or where they chose.

In cases where a dissertation contains all or part of a previously published work, PQIL requests a permission letter from the publisher (e.g. American Cancer Society) who usually approves, often with the proviso that the dissertation can only be distributed in paper and microfilm formats, not digitally. The proviso is acceptable to PQIL.

### 13. The Final Examination

The final examination shall be oral and under the jurisdiction of the advisory committee. It shall deal mainly with the subject matter of the dissertation. The examination shall be held not earlier than seven days after a working copy of the complete dissertation and tentative advisory committee approval have been submitted to the Office of Records & Registration but no later than the conferral period deadline in August, December, or May. Invitation to participate in the examination is issued by the advisory committee, although members of the faculty may attend. **Not fewer than five members of the faculty, including all members of the candidate's advisory committee, shall participate in the final examination unless written approval for a lesser number has been secured in advance from the Dean of the Graduate School.**

It is required that notification of the time and place of the examination be sent, on a special form, simultaneously to the Graduate Records Office and to the UConn *Advance* Office in time to appear in the *Advance* not later than seven days prior to the examination. The special form is available only from the Graduate Records Office (or the Office of Records/Registration at the Health Center). Consult the specifications for the preparation and submission of the dissertation (which may be obtained at the Graduate Records Office) for *Advance* publications schedule and deadline. When the *Advance* is not being published (between semesters) or published irregularly (during the summer), the notice nevertheless must be submitted, for publication retroactively, and meanwhile the examination should be advertised widely through the University mail and/or through other means at least seven days prior to the examination.

**The decision as to whether a candidate has passed, conditionally passed, or failed the examination rests solely with the advisory committee, which shall take into account the opinions of other participating faculty members and other experts. The vote of the advisory committee must be unanimous. Immediately following the examination, the major advisor shall communicate the results to the student and send the official report on the examination to the Graduate Records Office.**

### 14. Application for the Degree

Students are required to file for graduation using the PeopleSoft website. If filing is not timely, conferral is delayed to the next conferral period, even though all other degree requirements may have been completed on time.

## 15. Commencement at Storrs

Commencement is held once a year, at the end of the Spring semester. Individuals who have had degrees conferred at the end of the previous summer, during the previous fall semester, or candidates for degrees who complete degree requirements by the end of the Spring semester may participate in the annual commencement ceremony and are urged to do so. Academic regalia appropriate for the University of Connecticut degree being conferred is strictly required. This regalia can be purchased from the UConn Co-Op on the Storrs campus. Commencement instruction, announcements, and tickets are available during the last full week of classes. Storrs will send tickets to all students who have designated participation in the ceremony. Extra tickets may be available to students and faculty by request.

## 16. Recognition at the Health Center's Commencement

The Ph.D. and Master degrees are officially conferred by Storrs in May, August, and December and awarded at the Storrs commencement ceremony in May of each year. However, graduate students who have spent their time at the Health Center and who have completed all degree requirements are invited to participate in the Health Center's commencement ceremony. Graduate students participate in the processional and are individually called to walk across the stage to be recognized by the Associate Dean of the Graduate School. Diplomas are not awarded at the Health Center ceremony. Academic regalia is required and can be rented for a nominal price.

## D. The Master's Degree

The Master's Degrees offered at the Health Center are in the fields of Public Health, Dental Science and Clinical and Translational Research. This is a general description of the Master's degree requirements. Each program has additional specific requirements which can be obtained from the program director.

Note: the Master of Science degree may be awarded to a student who matriculates into the Ph.D. program but leaves before the completion of that program. The student must have filed a plan of study and passed the general examination in order to be eligible for the M.S. degree.

### 1. Time Limits

The student is expected to register for course work and to complete all requirements for the degree within a moderate span of time in order to assure continual and adequate familiarity with developments in the field of study. Ordinarily the degree should be completed within two years on a full-time basis. In any event, all work for the master's degree must be complete within a maximum period of six years from the beginning of the earliest course, wherever taken, listed "below the line" on the approved Plan of Study. Failure to complete the work within this period or failure to maintain Continuous Registration (see Registration section) shall necessitate re-evaluation of the entire program and may result in termination.

### 2. Plan of Study (Plan A and Plan B)

Master's degrees may be earned under either of two plans as determined by the advisory committee. Plan A emphasizes research. Plan B requires comprehensive understanding of a more general character. Master of Dental Science students must do Plan A.

Plan A requires at least **fifteen** credits of advanced course work and **nine** research course credits for a total of 24 credits and the writing of a thesis. Plan B requires at least **twenty-four** credits of advanced

course work and a final examination, but no thesis. In either case, advisory committees may require more than the minimum amount of credits. The Master of Public Health program requires that a student complete 48 credits.

### **3. Transfer of Non-Degree Credits to the Plan of Study**

A maximum of six credits of advanced course work taken on a non-degree or Certificate basis at the University of Connecticut may be included (below the line) on a master's Plan of Study provided the following are met: (1) the grades earned in such course work are B (not B-) or higher; (2) such course work is within the six-year limit for completion of master's degree requirements; and (3) such credits have not been applied toward any other degree here or elsewhere, awarded or to be awarded. In any event, inclusion on the Plan of Study of non-degree course work requires the consent of the advisory committee and is subject to the approval of the Executive Committee.

### **4. Transfer Credits from Other Universities**

Up to six credits of advanced work completed or to be completed at other institutions may be approved for transfer to the student's master's degree program at the University of Connecticut. Such credits are to be listed "below the line" on the Plan of Study. The following conditions must be met before final approval of any transfer of credit is granted: (1) the advisory committee must indicate its approval of the transfer of credit by signing the plan of study, (2) the courses must be at a level appropriate for a graduate degree and offered by an accredited institution, and (3) the grades earned in any courses to be transferred must be B (not B-) or higher. Official transcripts of any course work to be transferred must be on file in the Graduate Records Office. When the student's Plan of Study has gained the approval of the Executive Committee and official transcripts indicating satisfactory completion of the course work to be transferred are received, the transfer of credit is noted on the student's permanent academic record in the Office of the University Registrar. Any credits transferred to a graduate degree program at the University of Connecticut must not have been used toward a degree elsewhere, awarded or to be awarded.

### **5. Joint Degrees**

The Master's of Public Health has, in coordination with the Schools of Medicine, Dental Medicine, Social Work, Law and Nursing, designed dual degree programs. The joint degree affords the student the opportunity to pursue simultaneously the Master's of Public Health and a related graduate degree. The several dual degree programs are: Medicine/Public Health; Dental Medicine/Public Health; Law/Public Health; Social Work/Public Health; and Nursing/Public Health. In addition, a dual Master of Business Administration/PhD in Biomedical Science degree program is available.

The public health program requires 48 credit hours. To ensure program identification and sufficient quality and quantity of public health course work, joint degree students must complete a minimum of 36 credits in the Graduate Program in Public Health. Up to an additional 12 credits of elective credits may be earned in a cooperating graduate program. Since cooperating programs accept MPH credits toward their degrees, this results in a significant credit reduction over pursuing the two degrees separately. If interested, students should consult the Public Health Program for more information.

## **6. Candidacy and Plan of Study**

To become a candidate for a master's degree, the student must have on file at the Graduate Records Office an approved Plan of Study. This Plan must be prepared with the aid and approval of an advisory committee and approved by the Executive Committee of the Graduate Faculty Council. To be eligible for degree conferral, a master's degree student must have been granted regular status. The student may not take the final examination for the degree before the Plan of Study has been fully approved. The Plan of Study must be prepared in triplicate, signed by the student and the members of the advisory committee, and submitted to the Graduate Records Office via the Office of Records/Registration, for approval by the Executive Committee when the student has completed no more than twelve credits of course work to be applied to the degree.

Courses elected shall be consistent with the student's objectives and related to the field in which the degree will be taken. Course credit by examination is not allowed as a means of accumulating credits to meet the requirements for advanced degrees at this institution.

After approval of the Plan, any request for change must be submitted to the Graduate Records Office via the ORR on the official form bearing the signatures of the advisory committee and the student. All forms are available from the Office of Records/Registration. All changes on the Plan must have the approval of the Executive Committee. The successful completion of all work indicated on the approved Plan of Study is a fundamental prerequisite to the conferring of the degree.

## **7. The Master's Thesis**

The advisory committee must approve the topic and scope of the thesis required under Plan A and upon its completion ascertain that it represents independent investigation of a significant topic and is acceptable in literary style and organization. The master's thesis may not include any data or research result that cannot be made public at the time of the oral defense. Students matriculating in the Fall of 1998 and later must complete at least nine research credits while preparing their thesis. The Graduate School specifications for preparation of the thesis are obtainable at the Office of Records/Registration. It is the student's responsibility to be certain that the thesis conforms exactly to the specifications prescribed by the Graduate School. A student's program may have specifications in addition to those set forth by the Graduate School.

The thesis is to be dated as of the calendar year in which all requirements for the degree are to be completed. Three original copies of the thesis containing approval pages each bearing original signatures of all members of the advisory committee must be deposited in the Office of Records & Registration by the conferral period deadline in August, December, or May. An additional copy must also be given to the Public Health or Dental Academic Affairs Office. The master's thesis must meet all requirements specified in the guidelines issued by the Graduate School before it will be accepted for binding. The Homer Babbidge Library will retain one copy in the reference section and one copy in the preservation department. The third copy will be retained in the Stowe Library at the Health Center. The fourth copy will be retained by the Public Health or Dental Academic Affairs Office. If a department or program requires an extra copy, it is the student's responsibility to supply one directly to the department or program.

## **8. Final Examination**

Near the close of the candidate's period of study (not later than one year after the completion of course work or the thesis), the student must pass a final examination under the jurisdiction of the advisory committee. The examination must be completed by the published deadlines for the appropriate conferral period for the degree to have that conferral date. The student may not take the final

examination before the Plan of Study has been approved by the Executive Committee or before Regular status has been granted. The advisory committee has discretion to determine whether the examination shall be written, oral, or both. Invitation to participate in an oral examination is issued by the advisory committee, although members of the faculty may attend.

The decision as to whether a student has passed or failed the examination rests solely with the advisory committee, which shall take into account the opinions of other participating faculty members. The vote of the advisory committee must be unanimous. Immediately following the examination, the major advisor shall communicate the results to the student and send a report on the official form to the Graduate Records Office promptly, and any re-examination (if permitted) must take place within twelve months from the date of the original examination.

Under Plan A, the examination may center on the candidate's research and its relation to the field of study as a whole but may have a wider scope. Under Plan B, the examination shall be comprehensive and designed to assess the candidate's mastery of the field and ability to integrate the knowledge acquired. The master's final examination may be used as a qualifying examination for doctoral study.

### **SUMMARY OF MASTER OF DENTAL SCIENCE PROGRAM**

The Graduate School administers the Master of Dental Science program independently of the Dental Certificate program. Master of Dental Science students are required to complete a minimum of 24 credits for the degree and register every fall and spring semester with the Office of Records and Registration (ORR) until the final four copies of the thesis are submitted. In addition the following paperwork must be submitted to the ORR: 1) A Plan of Study, 2) the Report on the Final Exam, and 3) four copies of the thesis. Students may also have to file a Change of Major Advisor form should the need arise. **Students are required to file for graduation using the PeopleSoft website.**

#### **Credit Requirements:**

The credit requirement for Plan A Master of Dental Science students is summarized in the following table.

<b>Minimum Total Credits Required</b>	<b>Minimum Paid Credits Required</b>	<b>Maximum Certificate Course Credits Transferred</b>	<b>Minimum Research Credits Required</b>
24	18	6	9 (Non-transferable )

#### *Course Credits:*

A minimum of 18 course credits are required, of which 6 credits may be transferred from the Certificate program. It is the student's responsibility to keep track of the courses and number of credits that will be used in transfer from the Certificate program. No refunds or credit will be given to students who neglect to take advantage of the full six credits allowed in transfer. Courses in the 300 series and above may be used for transfer providing the student receives a grade of B or better. If a student does not earn a grade of B or better, a course that was intended for transfer cannot later be added to the Master's program. Courses used in transfer will be listed on the Plan of Study, but will not be reflected on the Master of Dental Science transcript.

#### *Research Credit Requirement:*

Students matriculating in July 1999 and forward must complete nine research credits. Students may register in the Fall, Spring or Summer for these credits.

Courses usually used to fulfill this requirement are GRAD 395 and/or GRAD 396. GRAD 395 is a variable credit course ranging from 1 to 9 credits. A student may take other courses concurrently and may hold a graduate assistantship. GRAD 396 is a three-credit course. No other courses may be taken concurrently

and the student may not hold a graduate assistantship. Students registering for GRAD 396 are considered full-time students. Any student holding an assistantship must maintain full-time status.

**Registration Requirements:**

*Summer Registration*

Although registration for summer is not required, the majority of Master of Dental Science students begin the program in the summer session. Registration with the Graduate School in the Office of Records and Registration (ORR) is required only if a student is taking a course(s) that will be used for credit toward the master's degree and the course is not being used as part of the 6 credits allowed in transfer from the Dental Certificate program. All students pay the same rate during the summer because there is no distinction between in-state and out-of-state for tuition purposes. Summer courses are generally a bit less expensive than Fall and Spring courses.

*Fall and Spring Registration*

All students must register every Fall and Spring semester with the Graduate School in the ORR until all degree requirements are fulfilled, including submission of 4 final copies of the thesis. Any student holding an assistantship must maintain full-time status.

If a student is taking only Certificate courses that will later be transferred into the Graduate School the student must register for Continuous Registration with the Graduate School.

If all course work and research credits are complete and the student needs additional time to complete the thesis, the student must register for Continuous Registration with the Graduate School in the ORR.

*Continuous Registration - GRAD 5998 vs. GRAD 5999*

GRAD 5998 is used for Continuous Registration when the student has not yet completed all required course work. GRAD 5999 is used for Continuous Registration when all required course work has been completed.

**Applying for CT Residency:**

After one year in CT, out-of-state students who are U.S. citizens or permanent residents may apply for CT residency. If granted, in-state tuition rates will apply for subsequent semesters. Applications and guidelines are available in the ORR.

### III. SCHOLASTIC STANDARDS

The following general academic standards and requirements of the Graduate School are applied to graduate programs at the University of Connecticut. The Graduate Programs Committee has established specific requirements for students who receive GPC assistantships. These requirements must be met before assistantship support will be continued.

#### A. Grade Requirements

The Graduate School requires that students must maintain a *B* (3.00) grade point average in all course work before a degree can be conferred. The GPC requires that a student must maintain a *B* (3.00) grade point average before funding can be continued each year.

Whenever a student's cumulative average falls below 3.00, his or her performance is reviewed by the student's advisory committee in order to determine whether or not the student shall be permitted to continue graduate study.

In addition, if more than 3 Incomplete (I) or No Assigned (N) grades appear on a graduate school transcript, a student will not be eligible for continued assistantship funding. All I or N grades should be complete prior to applying for continued funding.

#### B. Course Grades

The grade point average is based on a scale where A=4.00; B=3.00; C=2.00; D=1.00; and F=0.00. The letter *A* signifies work of distinction. The letter *B* represents work of good quality, such as is expected of any successful graduate student. The letter *C* represents work below the standard expected of any successful graduate student in their area of study. It is recognized that work of *C* quality in a supporting area may be of benefit to students and that they should not be discouraged by the grading system from including some supporting work in their programs. Plus and minus values may be assigned to all but failing grades, are entered on the permanent record, and are computed into the student's grade point average.

A grade of *D+*, *D*, or *D-* signifies work of unsatisfactory quality. If a graduate student receives any form of a *D* grade, the course may not remain on the Plan of Study and the student's eligibility to continue in the degree program is reviewed by the student's advisory committee.

The letter *F* or *U* signifies failure in the course and necessitates a recommendation by the advisory committee to the Director of Graduate Records as to whether or not the student shall be permitted to continue graduate study.

Final grades of *S* (Satisfactory) or *U* (Unsatisfactory) may be awarded, but only with prior approval of the Graduate Programs Committee and the Executive Committee of the Graduate Faculty Council. An *S* is not computed into the student's grade point average, while a *U* is counted as an *F*. Graduate students are not permitted to take undergraduate or graduate courses on a Pass/Fail basis.

A mark of *I* (Incomplete) may be assigned if a student has been doing work of acceptable quality but, for some reason satisfactory to the instructor, has not completed by the end of the semester or session all of the work required to earn credit for a course. Too many permanent incompletes on the record may be grounds for the student's termination or dismissal.

**C. Grading for Graduate Students Taking Basic Medical Science Subject Committees** (approved GPC 9.23.93)

Graduate students (including Combined M.D./Ph.D. students [CDP]) who take the Basic Medical Science subject committee courses are evaluated with the medical class, except in those subject committees where material is denoted as optional for non-medical students. In these later subject committees, the graduate students are evaluated with the combined medical & dental class.

Graduate students must be assigned a letter grade by the grading committee. The following guidelines for assigning letter grades have been developed by the Graduate Programs Committee. (*Note: +/- grade designations can be used.*)

- A graduate student (or CDP student) must have scored at least 1 standard deviation above the mean of the evaluation group in order to receive a grade of A- or better.
- A graduate student (or CDP student) scoring near the mean of the evaluation group shall receive a letter grade of B (Scores between the mean and 1 standard deviation above the mean would be assigned grades of either B or B+).
- A graduate student (or CDP student) scoring 1 standard deviation below the mean shall receive a letter grade of C+. (Scores between the mean and 1 standard deviation below the mean would be assigned a grade of B or B-).
- A graduate student (or CDP student) scoring below the deficiency score shall receive a letter grade of F. (Scores between the deficiency score and 1 standard deviation below the mean would be assigned a grade of C or D).

**D. Changing a Grade**

If an instructor assigns a grade of *I* (Incomplete) for a course, it is the student's responsibility to complete this work within a twelve month period of time. The *I* becomes a permanent grade on the student's record even after it has been resolved and appears alongside the newly assigned grade.

To change a grade, the instructor submits a memo to the Office of Records/Registration indicating the student's name, PeopleSoft identification number, semester and year the course was taken, month, day and year the course was completed, and the final grade for the course. These grades are processed and sent to the Registrar's Office at Storrs for inclusion on the student's transcript. The instructor may also change the grade in PeopleSoft directly.

It is the student's responsibility to ascertain that the grade has been reported in a timely manner to the Office of Records/Registration. Failure to do so may result in delaying a conferral date at the time of completion.

**E. Withdrawing from Courses**

The letter *W* signifies withdrawal from a course after the second week of a semester or the first week of a summer-session course. Except in extraordinary cases where academic factors or extreme or unusual circumstances warrant it, this mark is not deleted from the permanent academic record.

Students who choose to withdraw from school after the semester starts will receive the *W* on their transcript for all courses.

**F. Termination of Status**

To remain in good standing, a student at all times must have a major advisor as well as a reasonable terminal date (the date by which all degree requirements must be completed) or, in the event of an expired terminal date, a reasonable terminal date extension. Once the Plan of Study has been approved by the Executive Committee of the Graduate Faculty Council, a student at all times must have an advisory committee comprising a major advisor and at least two associate advisors.

In the event that a student's major advisor determines that resignation from the advisory committee is necessary, the student is provided with a reasonable opportunity to arrange for a new major advisor. If a new major advisor is not identified within six weeks of the resignation of the former major advisor, the student's graduate degree program status is terminated. This is determined by the Graduate Records Office.

The Graduate Records Office routinely notifies both the major advisor and the student whenever a terminal date extension expires. In the event that the major advisor determines that he or she cannot support a recommendation to extend the terminal date further, the Director of Graduate Records is to be notified in writing within six weeks of the date of the notice of expiration. Extensions of the terminal date are granted by the Dean of the Graduate School and only on the basis of substantial evidence that the student is making consistent and satisfactory progress toward the completion of the degree requirements. In the absence of a timely recommendation to extend an expired terminal date or in the event that the Dean has denied a recommended extension, the student's graduate degree program status is terminated.

**G. Academic Dismissal**

A graduate student's progress in a degree program is monitored regularly by the student's advisory committee. If at any time, a student's academic performance, progress in a graduate degree program, or professional development and/or suitability is judged by his or her advisory committee to be unsatisfactory and if the advisory committee determines that dismissal on any of these grounds is warranted, the advisory committee is to submit to the Associate Dean of the Graduate School its written recommendation that the student be dismissed on such grounds. A student may be subject to academic dismissal if he or she: fails to maintain the minimum cumulative grade point average required by the Graduate School, receives a grade of D or F in any course, fails the General Examination for the Ph.D., fails to produce an acceptable Ph.D. dissertation prospectus, performs unsatisfactorily in any aspect of research required for a master's thesis or Ph.D. dissertation, fails the final examination for either the Master's degree or Ph.D. degree, or fails any other requirement specified on an approved plan of study. The specific reasons on which the advisory committee's recommendation is based must be stated. The recommendation must bear the signature of each member of the advisory committee. For a student whose advisory committee has not yet been established, the major advisor alone submits the recommendation. If the student is to be dismissed on any of the above grounds, a letter of dismissal is issued by the Associate Dean. If the student wishes to request a hearing, the provisions outlined below under "Hearing and Appeal Procedures" apply.

**H. Hearing and Appeal Procedures**

If a student's graduate degree program status is to be terminated or if a student is to be dismissed on academic grounds, a letter is issued by the Associate Dean. If a student, as a result of termination or dismissal, wishes to request a hearing before the Associate Dean, the student must submit a written request within 30 days of receipt of the dismissal letter. Following the hearing, the student may appeal the decision of the Associate Dean to the Dean. This appeal does not constitute a new hearing. It is a review of the record of the original hearing and is entertained only on one or both of two grounds: (1)

the claim of an error in the hearing procedure, and (2) the claim of new evidence or information that was not available at the time of the hearing. If the student's termination or dismissal is upheld by the Dean, the student may appeal further to the Provost. In any event, the decision of the Provost is final.

#### IV. SOURCES OF SUPPORT

Students may be supported by a variety of means including personal resources, funds from a thesis advisor, extramural fellowship support or Graduate Programs Committee support.

The Graduate Programs Committee supports a limited number of Ph.D., M.D./Ph.D., Master of Public Health and Master of Dental Science students. These assistantships are awarded on a competitive basis. Students supported by the GPC are classified as graduate assistants and receive an annual stipend. The amount of the stipend is determined by the GPC based on estimates of student living costs provided by the Graduate Student Organization. The graduate assistants receive in addition to the stipend award: (1) a tuition waiver for the Fall and Spring semesters from the University, and (2) a comprehensive health insurance policy. In addition, the GPC pays Fall and Spring University fees associated with attendance in graduate school with the exception of the \$50 deposit account fee due at the first registration.

In order to receive GPC research assistantship support, a student must be enrolled as a full-time graduate student in the University of Connecticut Graduate School, working on a Ph.D. degree or Master's degree with a major thesis advisor whose primary appointment is at the Health Center. Students must continue to make satisfactory academic progress as defined by the Graduate Programs Committee and the Graduate School to be eligible for annual renewals.

##### A. Entering Student Research Assistantship Support

- Eligibility: To be eligible for nomination to receive a Graduate Program Committee Research Assistantship, a student must be qualified to be enrolled in the Graduate School according to the admissions requirements published in the current Graduate School Catalog. The student must have been accepted into the Biomedical Science Ph.D. Program or the M.D./Ph.D. Combined Degree Program.
- Review and selection process for Ph.D. entering students: a student's admission and award of Graduate Programs Committee Research Assistantship are handled by the Biomedical Admissions Committee. Some of the factors taken into account in the process are given below.

Criteria for Selection: The following criteria are used as guidelines for evaluating entering student applicants.

1. a complete Graduate School Application
2. strength of academic record - official transcripts are required
3. strength of letters of reference
4. previous research experience
5. the Graduate Records Examination (GRE)
6. evidence of interest in a career in biomedical research
7. number and type of honors and awards
8. TOEFL or equivalent for foreign students (English not first language)

Review and Selection Process for Master's Students in Public Health and Dental Science: The same procedure is followed in awarding assistantship support to the Master of Public Health and Master of Dental Science students. This competition is held during the summer meeting

of the GPC. One assistantship may be awarded to a student in each program with renewal for up to one additional year.

## B. Continuing Student Support

**Eligibility:** To be eligible for a continuing stipend award a student must be enrolled as a full-time student in The Graduate School, working on a Ph.D. or Masters project with a major advisor whose primary appointment is at the Health Center. In addition, a student must be making satisfactory progress as defined by the Graduate School and the Graduate Programs Committee. Students awarded graduate research assistantships by the GPC after 3/1/01 will receive 100% of their support from the Graduate Programs Committee in years 1 and 2. The remainder of their support will be provided by their major advisor, program or department.

Currently, all graduate students supported by the GPC are classified as graduate assistants. The Graduate School requires that to be eligible for a graduate assistantship a student maintain a cumulative average of at least *B* (3.00) in any coursework taken and must be eligible to register (i.e. must not have more than three incomplete grades on the academic record.)

In addition to these Graduate School criteria, the awarding of a Graduate Research Assistantship from the Graduate Programs Committee is contingent upon the timely completion of several Graduate School requirements:

- To be eligible for a continuing assistantship award, students in their first year must have completed at least eight (8) credits per semester; at least six (6) credits must have been in regular graded courses (not in laboratory methods, journal clubs or independent study). Students should submit a Plan of Study upon completion of their first year. Students in their second year must have completed at least six credits of regular graded courses during the entire year. This six credit rule does not apply to students who matriculate with a Master's degree. A plan of study for second year students should be on file.
- To be eligible for an assistantship award, a student who will be entering his third or fourth year must have met with his or her advisory committee during the past year. The ORR will confirm with the committee that they have met with the student and that the student is progressing satisfactorily. (Applicable to students admitted under funding policies in place prior to Fall of 2001)
- To be eligible for a stipend award for the 4th year of Ph.D. study, a student must have passed the *General Examination* by the end of his third year. In addition, within 12 months of passing the *General Examination*, the *Dissertation Prospectus* must be completed and approved by the Area Review Committee. (Applicable to students admitted under funding policies in place prior to Fall of 2001)

**Monitoring Student Progress:** The Office of Records/Registration will monitor the academic performance of all graduate students receiving full or partial GPC assistantship support. Area of Concentration (AoC) Directors and major advisors (if appointed) will be notified in writing if any student in their program receiving support (full or partial) fails to satisfy any of the eligibility criteria. This will occur primarily at the end of each semester but can occur at other times as information is received. The purpose of this review and reporting of credentials is to alert the AoC to students experiencing academic difficulties, so that appropriate actions may be taken.

### **C. GPC Policy Concerning Graduate Stipend Support**

Students admitted by the Biomedical Admissions Committee into a graduate program with committed stipend support or individual competitive assistantships from external sources, or students who obtain such support after matriculation will have such support guaranteed provided they remain in good academic standing. The term "committed stipend support" refers to GPC assistantships and NIH training grants, but not to support from individual investigator's grants or other sources. Students should be informed in writing prior to matriculation, or at any time prior to receipt of a stipend, as to the limits of support as stipulated above. Stipend support refers to the level of funding set for GPC assistantships.

It is the responsibility of the thesis advisor to provide the balance of the stipend and fringe benefit support when GPC assistantship or training grant eligibility ends.

Students who do not receive committed stipend support as outlined above should not be guaranteed support. The graduate Area of Concentration should develop policies to address the needs of students who are admitted without committed stipend support, and ensure that such policies are clearly articulated in writing to students prior to their matriculation.

When the faculty advisor is unable to provide the required funds, the chair of the faculty advisor's department will be responsible for providing stipends for those students meeting the criteria outlined above. If there is a failure of the thesis advisor, the Area of Concentration, and the department head to provide funds for a student in good standing in a particular graduate program, that Area of Concentration will be prohibited from applying for new GPC graduate student assistantships for a period of one year.

The Deans of the School of Medicine and School of Dental Medicine will provide stipend support for a student meeting the criteria outlined above if the other mechanisms described above fail to provide support.

### **D. The Lepow Fellowship Award**

The "Lepow Fellowship" was established in 1986 at the University of Connecticut Health Center in honor of Dr. Irwin H. Lepow, a well-known faculty member, researcher and founding father. This award is given to support the outstanding fourth-year graduate Ph.D. student in the Biomedical Sciences Program. (Students in the combined PhD/Dental Certificate program may be in their third or fourth year.) The recipient of this award receives a \$1,500 bonus in addition to the standard stipend, and presents an oral presentation at Graduate Student Research Day. All qualified students are invited to apply.

Eligibility. The candidate must meet the following criteria:

1. Be in his or her third year of graduate study at the Health Center at the time of application:
  - A Ph.D./Certificate student may apply in his or her third or fourth year.
  - An MD/PhD or DMD/PhD student must be in his or her second year of graduate study.
2. Have a Health Center faculty member as a major advisor;
3. Be in good academic standing in the Biomedical Science graduate program;
4. Have passed the Doctoral General Exam.

Nomination. A complete application consists of:

1. A personal statement of qualification for the Lepow Fellowship specifying the applicant's Area of Concentration and Major Advisor. The statement should include an abstract of current research activities and projected course work not reflected on the Graduate School transcript.
2. Two letters of recommendation, one being from the Major Advisor;
3. Graduate School transcript;
4. Copies of any publications or abstracts.

Review and Selection Process. The competition for this award is in June of each year. Applications are reviewed by the Program Director of each Area of Concentration and the applicant with the majority vote receives the award.

#### **E. The Henderson Memorial Award for the Outstanding Ph.D. Thesis**

This award for outstanding thesis research was established in honor of Dr. Edward G. Henderson of the Pharmacology Department and a member of the first faculty at the University of Connecticut Health Center. The prize includes a \$500 award and inscription of the recipient's name on a plaque. Notice of the recipient is given in the Health Center commencement bulletin. The recipient is invited to present a seminar to students and faculty.

Eligibility: To be eligible the candidate must have completed all requirements for graduation within the twelve-month period since the last commencement.

Nomination:

- Each Area of Concentration nominates an eligible graduating Student.
- The Program Director submits a letter describing the nominee's qualifications and a copy of the doctoral thesis abstract.
- Two letters of recommendation including one from the major thesis advisor.
- One copy of the nominee's curriculum vitae and bibliography.

Selection: Members of the Graduate Programs Committee will select the recipient from the group of nominees and forward the name to the Associate Dean of the Graduate School.

**F. Dissertation Fellowship Awards**

Each Ph.D. student may be reimbursed up to \$600 for expenses incurred while preparing the final copies of the dissertation. This award is granted only after all requirements for the degree have been fulfilled, e.g. all three final copies of the dissertation have been submitted to the Graduate School Office. Students must keep receipts (or copies of receipts) and an itemized listing of all expenses and present them to the Office of Records/Registration along with a current mailing address before the reimbursement will be processed. Expenses can include: typing fees, paper, BMC costs, binding, photographs, etc. Expense sheets are available in the Office of Records/Registration.

MD/Ph.D. students are allowed to submit for partial reimbursement upon return to their third year of medical school. They will have to submit a second request for reimbursement for the binding expense of the final copies since these may not be submitted to Graduate Records until the Spring semester of the student's fourth year of medical school.

**G. Training Grant Supplementation**

All students in good academic standing on training grants receive supplementation by the Graduate Programs Committee in the form of a part-time graduate assistantship. This supplementation will bring the funding level of the training grant to that of other graduate students receiving GPC support. The training grant funds are paid to students monthly (12 payments on or before the beginning of each month). Taxes are not taken from this money so students must plan ahead for income tax time. It is advised that students pay their taxes on a quarterly basis so to avoid a large payment in April of each year. The supplementation is paid bi-weekly to training grant students. This funding source is considered a graduate assistantship and health insurance is included. Taxes are taken from these funds. Due to the nature of the part-time assistantship, a tuition waiver is not granted to training grant recipients. The training grant usually has funds to pay for the cost of tuition and fees.

**H. Tuition Waivers**

A Fall and Spring semester tuition waiver is granted to all students who have an appointment as a graduate assistant which is at least at the 50% level. Fall and Spring university fees are also paid by the Graduate Programs Committee for students receiving GPC assistantship support and by departments where students receive departmental funds for assistantships. These tuition waivers are not applicable to students receiving training grant supplementation (see above).

**I. Health Insurance**

Students receiving graduate assistantships are considered employees of the University of Connecticut Health Center and are eligible for the health insurance packages offered to all employees. There is no cost to the student for this package. Additional family coverage will cost the student but the money will be deducted directly from the pay check.

Full-time graduate students not receiving a graduate assistantship are eligible for student health insurance through the Student & Alumni Services Center. Information regarding this health coverage is available to any interested student by contacting 679-2973.

## J. Other Types of Support

There are several fellowships from external sources available to students enrolled full-time seeking the Ph.D. degree. The Office of Records/Registration has a listing of these fellowships and sends memoranda to all students and faculty when information is received. Such external applications that are available are listed below. Many times these fellowships do not pay as much as the regular graduate assistantships. In this situation, the GPC will supplement the fellowship up to the same amount as the current stipend level. In most cases this will also include the health insurance offered to graduate assistants.

- Howard Hughes Medical Institute- *Predoctoral Fellowships in Biological Sciences*. Deadline for Application is early November. First year students are eligible. Fellowships are five-year awards with continuation possible after the first year contingent on satisfactory academic progress. <http://www.hhmi.org/grants/graduate/predoc/2001pre.pdf>
- National Science Foundation Graduate Research Fellowships. Deadline for application is early November. <http://www.nsf.gov>
- American Heart Association Medical Student Research Fellowship Program. [http://www.americanheart.org/Scientific/council/awards/scholar\\_app\\_inst.html](http://www.americanheart.org/Scientific/council/awards/scholar_app_inst.html)

## V. Other Programs at the Health Center

### A. Medical Scientist Training Program / Combined MD/Ph.D. Program

The Medical Scientist Training Program (MSTP) is supported in part by the National Institutes of Health and is designed for highly qualified students interested in careers in medical research and academic medicine. The MSTP enables students to acquire competence in both the basic science and clinical aspects of the chosen fields of medicine. The Program combines the curricula of the Graduate School and School of Medicine in a way that meets the specific degree requirements of each, and yet allows the completion of both in a period less than that needed if the two curricula were taken in sequence. Students normally spend the first two years completing Phase 1 of the medical school portion of the MSTP; this includes mastering the basic sciences, the graduate seminar series, correlated medical problem solving, the foundations of clinical medicine and participation in the student continuity practice. Phase 1 culminates with Step 1 of the United States Medical Licensing Examination (USMLE). During the next three years (years three, four and five), students pursue their graduate studies and Ph.D. dissertation in one of seven areas of concentration of the biomedical sciences graduate program – cell biology, developmental biology, immunology, genetics, molecular biology & biochemistry, neuroscience and skeletal, craniofacial and oral biology. The students then return to the medical school curriculum to complete Phases 2 and 3 of their clinical training (years six and seven). Thus, both degree requirements are usually completed in seven years.

All applicants accepted into the combined degree program (MSTP) are awarded financial support that includes full tuition, fees, and health insurance as well as a stipend. Financial support is currently provided by funds from the University of Connecticut Health Center/Graduate Programs Committee and individual faculty research grants.

**B. MD/MPH Program**

A joint degree program leading to the Master of Public Health, in addition to the Doctor of Medicine, is offered in conjunction with the University of Connecticut. The dual program has been developed to better prepare future physicians to deal effectively and creatively with the rapidly changing environment of medicine and health care. It is possible to complete the degree requirements for both programs during the four years of medical school.

Conducted by the Department of Community Medicine and Health Care, the public health program is one of six nationally accredited MPH programs that is sponsored by a medical school. Its curriculum covers the basic public health disciplines (social and behavioral sciences, health care administration, health law and regulation, environmental health, epidemiology and biostatistics) and includes electives in health organization and policy, health research methods and a number of topical areas. Course instructors include full-time faculty from the School of Medicine, other University of Connecticut faculty and public health practitioners.

**C. DMD/Ph.D. Program**

The combined DMD/PhD program is designed for students interested in careers in research and academic dentistry. It is designed to enable the student to acquire competence in both the basic science and clinical aspects of dental medicine. The program allows a student to combine the curricula of two schools in a way that meets the specific degree requirements of each and yet allows the completion of both in a period of less than that needed if the two curricula were taken in sequence. Entry into this program is limited to a small number of unusually well qualified students who are either currently enrolled in dental school or who have been accepted into the first year class.

During the first two years, students complete the basic medical sciences portion of the dental school curriculum. They then enter the University of Connecticut Graduate School to complete their graduate studies and doctoral dissertation in one of the areas of concentration at the Health Center. The student then returns to the dental school to complete the necessary clinical training after which both degrees are awarded concurrently. Further information may be obtained from Dr. Alan Lurie, School of Dental Medicine.

**D. DMD/MPH Program**

A degree program leading to the Master of Public Health in addition to the Doctor of Dental Medicine is offered in conjunction with the Graduate Program in Public Health, a part of the Graduate School of the University of Connecticut. The dual degree program has been developed to better prepare future dentists to deal effectively and creatively with the rapidly changing environment of dental medicine and health care. It is possible to complete the degree requirements for both programs during the four years of dental school.

The MPH curriculum covers the basic public health disciplines (social and behavioral sciences, health care administration, health law and regulation, environmental health, epidemiology and biostatistics) and includes electives in health services organization and policy, health research methods and a number of topical areas. Course instructors include full-time faculty from the School of Medicine, the School of Dental Medicine, other University of Connecticut faculty, and public health practitioners.

Candidates must apply to both schools and meet the graduation requirements of both programs. Further information may be obtained from the Associate Dean for Student Affairs or the Graduate Program in Public Health.

**E. Ph.D. in Biomedical Science/M.B.A. Program**

The combined Ph.D. in Biomedical Science/M.B.A. program is designed to provide selected Ph.D. students with a thorough grounding in contemporary business by blending and balancing technical rigor, management theory, practical application and individualized concentrations.

The Ph.D. in Biomedical Science program is offered at the University of Connecticut Health Center in Farmington. Combined degree students may take their graduate business courses at the M.B.A. programs offered in Hartford, Stamford, Waterbury or Storrs.

The requirement for a period of concentrated education in each program is a principle to which both the Biomedical Science program and the School of Business are committed. Combined degree students must fully immerse themselves for at least 30 credits of continuous coursework in each program during which time they are not taking didactic courses in the other school. Beyond this requirement, recognizing the strenuous demands that a dual program places on a student, flexibility and adaptability are fundamental features of this combined degree.

Given the specialized nature of this combined degree program it is anticipated that only two to three students per year will be enrolled.

**VI. General Information****A. Loan Deferments**

Undergraduate and graduate student loans can be deferred while attending graduate school. Students must be enrolled as at least half-time in order for the loans to be deferred. Most Ph.D. students will be enrolled full-time (according to the rules of the graduate research assistantship at the Health Center). A student's enrollment status is determined by the definitions set forth by the University. Deferments are given for four periods throughout the year: September 1 thru August 31, September 1 thru December 31, January 1 thru August 31 and January 1 thru May 31. During the months prior to the Fall semester, deferments are not processed until the student has registered for the Fall courses. Deferment forms are processed through the Office of Records & Registration.

**B. Emergency Loans**

Emergency loans are available to all graduate students who are enrolled as full-time students at the Health Center. These no interest loans are made on a short-term basis. Students who fail to pay back the loan in a timely manner will have their assistantship stipend withheld until all monies have been recovered. For information on obtaining these loans, please contact Mr. Cliff Sargis in the Office of Records/Registration.

**C. Emergency Closing Policy**

To determine whether the school is open or closed due to inclement weather, contact the Health Center operator at 679-2000 or listen to one of the following AM radio stations: WTIC (1080), WDRC (1360), or WPOP (1410). The policy of the Health Center states that unless officially notified otherwise, all Health Center units, including John Dempsey Hospital, maintain normal operations during snow storms.

**D. International Office (679-4430)**

The Office of International Students and Faculty provides assistance to foreign students, faculty, research scholars and visitors to the Health Center and its affiliated hospitals. It provides immigration support and is responsible for issuing necessary documentation for obtaining visas and keeping international persons in status while they are associated with the Health Center. The office serves as the immigration record-keeping center answerable to the Immigration and Naturalization Service, and operates under federal regulations. The Office is located in the Human Resource Department in the Administrative Services Building.

**E. Graduate Student Organization**

The graduate students run the Graduate Student Organization. This body oversees a budget, plans social and scholastic activities and interacts with the Graduate Programs Committee. Student representatives from each AoC represent the executive committee of the GSO. All students are encouraged to be involved. The web address for the GSO is [http://grad.uchc.edu/student\\_organization.html](http://grad.uchc.edu/student_organization.html)

**F. Lyman Maynard Stowe Library at the Health Center**

The Library is centrally located opposite the Academic Entrance to the Health Center and occupies space over three floors. It contains approximately 186,500 volumes, including 133,500 bound journals, and has current subscriptions to 1,683 journal titles. The health science audiovisual collection numbers more than 3,800 titles. A collection of 430 non-circulating microcomputer software programs is also available.

The University of Connecticut Health Center Library has served as the Regional Medical Library in New England in the National Network of Libraries of Medicine funded by the National Library of Medicine, since 1991. This designation recognizes the quality of the Library's staff, services and collection.

The Library's automated system *LYMAN* (Library Management and Access Network) provides access to the books, journals, computer software and audiovisuals in the Library's collection. *LYMAN* terminals, found throughout the Library, give up-to-date information as to whether an item is available, checked out, or on hold for another user. *LYMAN* is also accessible through any microcomputer equipped with the appropriate network connection and software. The leading medical databases are also available via this same network. Access to Lyman and the medical databases is also available via the Internet at [www3.uchc.edu/~uchclib/](http://www3.uchc.edu/~uchclib/). Apply for a password to search the databases (via the Internet) by calling (860) 679-2942.

Books circulate for two weeks and are renewable once for an additional two weeks. Most journals do not circulate. Audiovisual materials circulate for two weeks and are not renewable. Reference materials, computer software and indexes do not circulate.

- Reserve Collection

This collection is divided into three parts, all located on the main floor of the Library. *Open Reserve*, consisting mainly of assigned class readings, is open and uncontrolled. *Closed Reserve*, consisting primarily of basic texts and high-use materials, is shelved at the Circulation Desk and may be checked out for two hours use within the Library. Both Open and Closed Reserve materials may be checked out for overnight use two hours before closing, and are due back within one hour of opening the next day. *Audiovisual Reserves* are shelved in the Open Reserve Section and must be used in the Library. They are non-circulating.

- Library Card

Upon receipt of the student ID card, students must go to the Library and register for borrowing privileges. The student ID, with the addition of a unique bar code strip, identifies the student for the automated circulation system.

- Questions/Assistance

Information Service personnel staff the Information Desk (x2942) from 8:30 am - 4:30 pm Monday through Friday. They will assist students in accessing and using the collection.

- Computer Searches

Information Service staff do searches of computerized health-related databases upon request. There is a modest charge for this service. Students can search many health-related databases themselves either in the library or via the Internet using a pre-assigned password.

- InterLibrary Loan

Materials not owned by the Library are often available through interlibrary loan. This service may be requested at the Information Desk by filling out the green form. This service is free for students.

- Computers

The Computer Education Center CEC is a department of the Lyman Maynard Stowe Library. Its mission is to support the use of computers in the curricula of the schools, and life-long learning skills. Non-circulating software is available to help satisfy class requirements and to provide an alternative method of study. UCHC ID is required.

- Photocopiers

The Library currently has six photocopiers. Copies are \$.10 each using cash or students may purchase Vendacards for reduced photocopy rates.

- Other Services

A variety of other services are maintained including a file of past examinations which is kept at the Circulation Desk and a Leisure Collection containing fiction/nonfiction books for enjoyment and relaxation. A suggestion box for creative suggestions and recommendations of book and journal titles for the Library's collection is available near the Information Desk.

**G. Mail Services & Federal Express**

The Mail Room is located on the ground floor in the extreme north end of "L" Building. The main responsibility of the Mail Room is to distribute mail within the Health Center. Most departments receive mail once a day, usually in the morning, but some receive mail twice a day. Graduate students are assigned mailboxes by their AoC in one of the basic science departments in which they reside. Students should check boxes daily. If you change your Health Center residence during the academic year, please contact the Office of Records/Registration with your correct mail code. The Health Center Mail Room does not handle any personal outgoing mail, however, US mailboxes are located at the Academic and Hospital Entrances of the Health Center. Stamps are sold from a coin operated machine in the Food Court Lobby. There is also a Federal Express drop off at the Academic and Hospital Entrances.

**H. Office of Health Career Opportunity Programs (679-3483)**

The Office of Health Career Opportunity Programs, formerly known as the Office of Minority Student Affairs, was established to enhance the recruitment and retention of minority students to the Schools of Medicine and Dental Medicine. The Associate and Assistant Deans for the Office of Health Career Opportunity Programs implement recruitment strategies and provide support systems for qualified minority students currently underrepresented in the health professions. HCOP is located in Room AG-013, across the hall from the Dean of the School of Dental Medicine. Students are encouraged to visit the Office Health Career Opportunity Programs and meet with the Associate and Assistant Deans.

**I. Counseling**

Free confidential counseling is available for all graduate students. Students who may want to talk with a counselor about academic or personal issues may contact Debra Johnson in the Department of Psychiatry at 679-6700. Students who are employed as graduate assistants may also contact Elizabeth Robinson through the Employee Assistance Program at 679-2893.

**J. Public Safety/Escort Service/Parking (679-2511)**

- Public Safety Department

The Public Safety Department consisting of the University Police and the University Fire Departments are manned 24 hours per day. All police matters, fires, accidents and injuries should be reported in the Police Control Room located on the ground floor at the south end. For Lost and Found items, call 679-2121. In case of EMERGENCY, dial 7777 from any Health Center phone.

The University Police control access to all buildings and rooms after the normal work day. Parking stickers, room keys and ID photo cards are available at the Public Safety Administration Office on the ground floor in Room #LG041.

- Escort Service

A police officer will accompany students or employees to their vehicles after hours.

- Parking

Parking for students at the Health Center is by permit only. Parking stickers are required to park on the road or in the various lots on the complex. Parking is available on a first-come, first-served basis in the lots, with a few exceptions:

- The A,B,C & D parking lots, adjacent to the Academic Entrance; marked reserved lots and rows at Dowling North and South; all of the Administrative Services Building spaces (except six visitor spaces) and marked spaces in the Lower Complex are reserved for pay parkers. The upper section of L lot, located below the parking booth adjacent to the hospital lots, is reserved for individuals working off site who come here occasionally, as well as for Visiting Clinicians and community physicians. *Special permits are required.* It is very unlikely that a student would receive permission to park in any of these lots unless he or she had a Department of Motor Vehicles Handicapped permit. Carpooling is encouraged; two or more people may register in a carpool with Public Safety and may then park in lot D near the Academic Entrance.
- The lots adjacent to the clinic or hospital entrance and the Emergency Department lot are restricted for patients. Patient parking at the Dowlings and in the Lower Complex is also marked and reserved for that use.
- All roadside parking; lots J, K, M; levels 1-3 in the parking deck (except for marked reserved section on Level 3 for Periop Physicians). Limited spaces in Dowling South and the Lower Complex; all of shuttle lots 2, 3 and Circle Road are available to anyone except where posted otherwise.
- There is shuttle bus service that runs from 7:00 A.M. to 7:30 P.M. on weekdays.

Parking infractions carry fines which range from \$15.00 to \$25.00. Fines double after fourteen days and quadruple after twenty-one days. Cars parked illegally may be towed at the owner's expense. Repeat offenders or non-payers are subject to "booting" which carries a \$50.00 surcharge in addition to fines and penalties.

Parking tickets may be appealed. Appeal forms are available on line in Public Safety shared folders or at the police department or Public Safety Administration.

- Bicycle Parking Policy

Bicycle racks are located at the Police Department entrance to "L" Building. Employees/students are encouraged to chain their bicycles to the racks to further safeguard them from theft. Bicycle riding or parking bicycles in any Health Center building is prohibited.

### **K. Public Transportation**

Connecticut Transit Company operates city buses regularly on weekdays from 5:40 am to 7:40 pm. After 8:00 am buses run on half hour intervals. Limited service is also available on weekends. A route connects the Health Center with the Farmington Avenue line running from Unionville to the center of Hartford (Main and State Streets). Bus passes are available for \$45.00 which are used from the first of each month through the end of the month. One way fares are \$1.25. For more information view the CT transit website at [www.cttransit.com](http://www.cttransit.com).

**L. Student Lounge**

Located near the first year Green Lecture Hall, the Student Lounge is a large area specifically dedicated to students. There are pinball and electronic game machines which provide a source of income for the Medical and Dental Student Governance Fund. The Lounge is designed as a social spot where students can enjoy their free hours. Access to the lounge is restricted by use of a combination lock system. The combination is changed monthly and available to students in the Offices of Records/Registration, Dental Student Affairs and Medical Student Affairs.

**M. Veterans (860-486-2442)**

Veterans may be eligible for benefits under the GI Bill. The Veteran's Affairs Office at the Storrs campus has the necessary information as well as enrollment verification forms needed for these programs. In addition, the office provides literature from various organizations helpful to veterans. Veterans of the Vietnam era, children of Vietnam-era veterans who are missing in action, and veterans engaged in combat or in a combat-support role during the peace keeping mission in Lebanon, the Grenada or Panama invasions, or Operation Earnest Will qualify for a reduction in tuition. <http://veterans.uconn.edu>

**Comment [U2]:** Check to see if this is still true and correct as necessary.

**N. Bookstore (679-2332)**

The Bookstore is located in the Academic Building on the ground floor, adjacent to the Student Lounge, and is open weekdays from 8:00 am - 5:00 pm. Required and recommended textbooks, reference materials, and other medical and dental textbooks are in stock, as well as dissecting kits, stethoscopes, medical bags, lab coats and rubber gloves. A service for special ordering books not in stock, and the sale of sundry and UConn Logo clothing and scrubs are also available.

**O. Food Court (also known as the Cafeteria)**

A new modern spacious cafeteria is located on the main floor of the hospital building. It is available to students, faculty, employees, and guests of the Health Center.

**P. Housing**

The Health Center campus of the University of Connecticut does not have housing available to students. Many students, faculty and fellows live in the surrounding towns of West Hartford, Farmington and New Britain. The commute is generally under 20 minutes by automobile. Many students share apartments which help bring the cost down. There is a bus line from Hartford/West Hartford which runs on a regular basis during the day and early evening.

**Q. Change in Residence from Out-of-State to In-state for Tuition Purposes**

Upon acceptance into the Graduate School, a student is assigned as either an in-state or out-of-state resident for tuition purposes. This is determined by the Residence Affidavit which is filled with the admission application. Failure to submit a Residence Affidavit will result in an automatic out-of-state status (by default). Once a student is regarded as out-of-state, a Change in Residence form must be filed to change this status. This form is available in the Office of Records/Registration and must be filed before the first day of classes of the semester in question. Students must be able to meet the three pronged test of domicile, emancipation and financial independence. Relevant criteria to be applied shall include year-round residence, voter registration, place of filing tax returns, property ownership,

driver's license, car registration, marital status, place of vacation, employment, and sources of financial assistance.

#### **R. Leave of Absence**

Requests for medical leave should be made in writing jointly to the Director of the Area of Concentration and the Associate Dean of the Graduate School, Dr. Lawrence Klobutcher. A physician's medical certificate is required for a request to be considered. For students with GPC graduate assistantships, medical leave with pay can be granted for up to a maximum of 3 months after review. Medical leave beyond 3 months will be without pay. In the case of medical leaves of three months or less graduate assistantships will be retained following the leave provided the student remains in good academic standing. For maternity leaves, please see the Graduate School policy later in this document.

Requests for non-medical personal leave should be made in writing jointly to the Director of the Area of Concentration and the Associate Dean of the Graduate School. Personal leave will be without pay. In the case of personal leave, while every effort will be made to renew financial support for students in good academic standing after they return, such support is not guaranteed.

#### **S. Deferral of Admission**

Students may opt to defer admission into the University of Connecticut for a period of eleven months after formal acceptance. If it is impossible to matriculate during this eleven month period, a student must reapply to the program with no certainty of being re-accepted.

#### **T. Local Newspapers**

*The Hartford Courant* is the local newspaper for the Greater Hartford area. It is printed daily and is circulated statewide. The *Hartford Advocate* is a local paper with alternative news and club happenings. Both papers, as well as the New York Times, can be found in the Academic and Hospital Entrances.

#### **U. Photocopying**

There are several photocopying machines throughout the Health Center. Each floor in the laboratory building as well as the Library has machines available to students. Most machines require a vanda card. Vanda cards can be purchased for \$.60 (for a new card) plus \$.05 per copy from the Copy Center which is located on the Basement Floor. A new card can be purchased from the Library for \$1.00 which will give 9 copies. Refills on vanda cards are \$.05 per copy in increments of \$1.00, \$5.00, \$10.00 or \$20.00 from the Library and the Copy Center. The Copy Center is also available for extensive copying. A week is required for most work but the charges are lower at a rate of \$.03 per page.

#### **V. I.D. Badges**

All students, faculty and staff at the Health Center are required to carry identification badges while at work or school. These badges are obtained from the Office of Public Safety (see hours for Public Safety above). All entering students will receive these badges during the Orientation period in August. Special arrangements can be made for students who are unable to attend the Orientation. I.D. badges carry the Library card information which allows students to take out books. There is an expiration date on the badges. Please keep it up to date.

**W. Radiation and Safety Training**

All persons working in laboratories at the Health Center are required by law to attend a Radiation and Safety Training Program. This program runs for approximately four (4) hours. A brief introduction is made during graduate student orientation in the Fall. All students working in a laboratory must continue the extended training session before they can work in the laboratory.

**X. Obtaining an Official/Unofficial Transcript of Graduate Work**

Official transcripts can be obtained from the Storrs Transcript Office (860) 486-3328 or requested via the student's PeopleSoft account. In the former case, this request must be sent in writing and include: name, Social Security Number, dates of attendance, addresses of transcript recipients, student signature. These requests should be faxed to (860) 486-4199.

Unofficial transcripts can be obtained from the Office of Records/Registration by request (679-3125) or via the student administration system on the web. Requests must contain the same information as above and should be faxed to (860) 679-1902.

**VII. ACCESS TO STUDENTS' GRADES AND ACADEMIC RECORD**

The following policy addresses the issue of access to students' grades and academic record. This policy was written with the sole purpose to protect the confidentiality of the academic performance of graduate students at the University of Connecticut Health Center.

**A. Current Procedure**

At the end of each semester, instructors are instructed to enter final grades via the Peoplesoft system (including laboratory rotations and independent study courses). These grades are automatically entered on the student's transcript. Instructors may also submit a hard copy of final grades to the Office of Records and Registration where all grades are transcribed to the student's transcript.

**B. Policy on Confidentiality of Student Records at the University of Connecticut at Storrs**

According to the 1991/92 University of Connecticut Student Handbook, *Confidentiality of Student Records* (page 56), the following policy has been established and the Office of Records/Registration at the University of Connecticut Health Center will abide by these provisions:

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the students' rights to inspect their educational records, provides guidelines for correcting inaccurate or misleading data through informal and formal hearings, and permits students to file complaints with the Family Education Rights and Privacy Act Office (FERPA) concerning alleged failures of the institution to comply with this Act. In compliance with this Act, the University of Connecticut provides the following information and services:

1. The Office of the Registrar on each campus has copies of a detailed policy statement of procedures for compliance.

2. The University designates the following as public or "Directory Information": The student's name, date and place of birth, addresses, telephone numbers, e-mail address, school or college, major field of study, degree sought, expected date of completion of degree requirements and graduation, degrees and awards received, dates of attendance, full- or part-time enrollment status, the most previous educational agency or institution attended, participation in officially recognized activities and sports, weight and height of athletic team members, and other similar information.
3. The University, at its discretion, without a student's written request, releases Confidential Information to the following:
  - University officials having a legitimate educational interest;
  - Officials from other institutions in which the student seeks enrollment;
  - Federal agencies, i.e. Social Security Administration, Immigration, Treasury, Federal Bureau of Investigation, Office of Civil Rights, etc.;
  - Public or private agencies regarding application for, or receipt of financial aid, including guaranteed student loans
  - Organizations conducting studies for educational agencies or institutions developing, validating, administering tests, student aid programs or educational improvement programs;
  - Accrediting organizations;
  - In compliance with a judicial order that instructs non-disclosure to the student;
  - Emergencies affecting the health or safety of the student or other persons.
4. All students are considered independent.
5. Students may inspect their records by appointment with the Registrar.
6. Students may withhold "Directory Information" from: (a) the annually published Student Directory and (b) certain third parties. Students must file the "Student Registration Form" with the Office of Records/Registration by the end of the registration period during the Fall semester. Once filed, this request becomes a permanent part of the student's record until the student instructs the University in writing to have the request removed. Moreover, this request does not restrict the release of information to those individuals and agencies noted above at #3.
7. A student has the right to be notified of the institution's intent to disclose information from education records to a court of law if legal action has been brought against the student.

**C. Office of Records/Registration, at the Health Center**

The Office of Records/Registration abides by the established policy as stated above and insures that student academic records are held in strict confidence.

Access to a student's academic record, semester grades and transcripts are given upon authorization of the student. Forms are available in the Office of Records/Registration. In compliance with the Family Educational Rights and Privacy Act of 1974, and the above policy of the University, in particular Section 3 a., the ORR defines University Officials to include but not limited to the following person(s):

1. Dean's and University Administration;

2. Major Advisors;
3. Program Directors.

Any other person requesting access to a student's academic record must have written permission from the student before any information will be released.

**D. Special Provisions**

Students applying for annual assistantship support via the Graduate Programs Committee authorize disclosure of their assistantship application to all appropriate faculty involved in the application and awarding process. The information requested in the assistantship application will be held in strict confidence from all persons not involved in the awarding of such assistantships.

The academic record of students enrolled in the Combined Degree Program will be released to members of the Combined Degree Steering Committee upon request of the Committee. The academic record includes but is not limited to course grades and performance parameters.

**VIII. University of Connecticut and University of Connecticut Health Center Policy Statements**

**Policy A: University of Connecticut Student Conduct Code**

***Article XII. ACADEMIC INTEGRITY IN GRADUATE EDUCATION AND RESEARCH***

The assurance of integrity in graduate education and research is of paramount concern. Academic and scholarly activity at the graduate level takes many forms at the University of Connecticut, including, but not limited to, classroom activity, laboratory or field experience, and artistic expression. The Graduate School of the University of Connecticut upholds the highest ethical standards in its teaching, research, and service missions.

The Code of Conduct and the statement of Hearing and Appeal Procedures that follow pertain to matters involving graduate academic and scholarly misconduct. Responsibility for such misconduct requires intent but is not excused by ignorance. Thus, it is important for students to be conversant with the tenets of this Code. Matters of a disciplinary nature in which graduate students may become involved are to be addressed by Section III of the University's "Student Conduct Code," enforcement of which is within the purview of the Dean of Students.

The Dean of the Graduate School is charged with responsibility for coordinating the process by which an allegation of academic misconduct on the part of a graduate student is reported, investigated, and adjudicated. The Graduate Faculty Council, in accordance with the provisions of its By-Laws, is responsible for the formulation of policies and procedures pertaining to any and all matters of academic integrity in graduate education and research and to proper handling of allegations of violations. Members of the Graduate Faculty have primary responsibility to promote and to sustain throughout the University an environment in which the highest ethical standards of teaching, scholarship, research, and publication prevail. All members of the University community have a responsibility to uphold the highest standards of teaching, scholarship, research, and publication and to report any violation of academic integrity of which they have knowledge.

**A) FORMS OF ACADEMIC AND SCHOLARLY MISCONDUCT**

There are many forms of academic and scholarly misconduct. Categories of academic and scholarly misconduct are identified below, and where appropriate, illustrations are given. These categories and illustrations are not intended to be exhaustive.

**CHEATING** could occur during a course (e.g., on a final examination), on an examination required for a particular degree (e.g., the doctoral General Examination, the Final Examination for the master's or the doctoral degree, or a foreign language translation test), or at other times during graduate study.

**PLAGIARISM** involves taking the thoughts, words, or ideas of others and passing them off as one's own.

**MISREPRESENTATION** could involve, for example, taking an examination for another student; submitting for evaluation work done by another individual; submitting the same work for evaluation in two or more courses without prior approval; unauthorized use of previously completed scholarly work or research for a thesis, dissertation, or publication; or making false, inaccurate, or misleading claims or statements when applying for admission to the Graduate School or in any scholarly or research activity, including publication.

**UNAUTHORIZED POSSESSION, USE, OR DESTRUCTION OF ACADEMIC OR RESEARCH MATERIALS**, which include, for example, examinations, library materials, laboratory or research supplies or equipment, research data, notebooks, or computer files.

**COMPUTER VIOLATIONS** include but may not be limited to unauthorized use, tampering, sabotage, or piracy of computer files or data and the like.

**FABRICATION OR FALSIFICATION IN RESEARCH** could involve, for example, deliberate falsification of experimental results or tampering in any way with actual experimental results or research data.

**RESEARCH VIOLATIONS** involving, for example, human subject violations (including ethical and social violations), animal care violations, inappropriate breaches of confidentiality, deliberate obstruction of the research progress of another individual, or deliberate disregard for applicable University, local, State, or federal regulations.

**CONFLICTS OF INTEREST** such as, for example, unauthorized use of University or faculty academic or research facilities, materials, or resources for unapproved purposes; or allowing or attempting to use personal relationships (academic or otherwise) between a graduate student and any member of the University community to influence improperly academic judgments, scholarly evaluations, or decision making.

**TAMPERING** with any document or computer file pertaining to academics or research, including, for example, student academic records, official transcripts, laboratory journals, examination papers, and the like.

**ANY ATTEMPT TO INFLUENCE IMPROPERLY**, for example, by means of bribery or threat, any member of the faculty, the staff, or the administration of the University in any matter pertaining to academics or research.

**AIDING OR ABETTING** another individual in the planning or the commission of any act of academic misconduct.

ANY IMPROPRIETY OR ACT OF MISCONDUCT COMMITTED BY A GRADUATE STUDENT IN A TEACHING ROLE in the University, such as requesting or accepting a favor in exchange for a grade or engaging in any form of sexual harassment.

DELIBERATE OBSTRUCTION of an investigation of any act of academic or research misconduct.

**B) ACADEMIC MISCONDUCT WITHIN A PARTICULAR COURSE**

When an instructor believes there is sufficient evidence to demonstrate a clear case of academic misconduct within a particular course taught by that instructor, the instructor shall notify the student in writing, and also orally if possible, that unless the student requests a hearing to contest the instructor's belief, the instructor shall impose the appropriate academic consequences warranted by the circumstances. This should occur within 30 days of discovery of the alleged academic misconduct. The appropriate academic consequence for serious offenses is generally considered to be failure in the course. For less serious offenses regarding small portions of the course work, failure for that portion is suggested, with the requirement that the student repeat the work satisfactorily for no credit.

The faculty member is responsible for saving the evidence of academic misconduct in its original form and need not return any of the papers or other materials to the student. Copies of the student's work and information about other evidence will be provided to the student upon request.

The student is given seven days from this first written notice to respond. If the student confesses or does not respond to the written notice of the instructor's belief of academic misconduct and appropriate consequences within the course, the academic consequences shall be imposed and a report submitted to the Dean of the instructor's school or college and to the Dean of the Graduate School.

If a student chooses to contest the instructor's belief of academic misconduct, the student must make a written request to the Office of the Dean of the Graduate School for a hearing to determine the facts of the alleged misconduct. The hearing procedure is described under item D) below.

**C) ALLEGATIONS OF ACADEMIC MISCONDUCT**

The following procedures apply in most instances where academic misconduct is alleged. In some cases, misconduct may be alleged for students who are supported through a federally funded fellowship or training grant program or through other federal grants (e.g., as a Research Assistant). In such instances, the procedures stipulated by agreements between the University and the federal government will prevail, including use of the University's policy and procedures for review of alleged unethical research practices. The procedures described in this document will apply to those allegations not subsumed by such agreements. In addition, standards governing the professional conduct of students in particular fields may be relevant in certain settings (e.g., clinical, counseling, therapeutic, etc.). Allegations of professional misconduct based on such standards may be brought forward under this code.

Whenever an alleged violation of this code has been filed with the Office of the Dean of the Graduate School, the accused is to be notified in writing within ten working days. The written statement filed with the Office of the Dean should describe fully the alleged misconduct and the circumstances involved (i.e., the name of the individual alleged to be responsible for the misconduct; date, time, place of the alleged misconduct; name(s) of person(s) who might have been involved in or have knowledge of the alleged misconduct; and any other pertinent information). The statement must bear the signature(s) of the individual(s) submitting it, and it must be dated. A copy of the statement will be sent to the accused within ten working days of its filing. The Dean of the Graduate School will discuss the allegation of academic misconduct with the dean of the relevant school or college. The Dean of the Graduate School

will then make a determination regarding whether the alleged violation should be resolved at the Graduate School level in accordance with the hearing and appeal procedures contained herein or whether the alleged violation should be referred to the field of study, academic department, school or college in which the infraction is thought to have occurred. (Such a determination will also be made when an accused student, pursuant to section B, requests a hearing.)

If the alleged violation is referred to the field of study, academic department, school or college, then it will be addressed and resolved in accordance with the applicable hearing and appeal procedures followed by that particular unit. The Office of the Dean of the Graduate School will notify the accused in writing of this determination. In the event that the alleged violation is referred to the field of study, academic department, school or college, the Office of the Dean of the Graduate School should be notified of any outcome of the case. In either event, the Dean of the school or college in which the alleged misconduct occurred is notified that a report of alleged misconduct has been received.

If the alleged violation is to be resolved at the Graduate School level, the report of alleged misconduct is referred to the Office of the Dean of the Graduate School, which confirms the allegation(s) and the existence of supporting evidence. The Office reviews the allegation(s) and the evidence to determine specifically which provision(s) of this Code is/are alleged to have been violated. If the allegation(s) cannot be supported, or if there is insufficient evidence to proceed with an inquiry, the matter is dropped. If the allegation(s) can be supported, and if sufficient evidence exists to warrant an inquiry, the Office of the Dean of the Graduate School notifies the appropriate Associate Dean (either the Associate Dean of the Graduate School at Storrs or the Associate Dean of the Graduate School at the Health Center). The Office also notifies the accused by Certified Mail of the charge(s). A copy of this Code is sent with the letter of notification to inform the accused of his or her rights and of the hearing and appeals procedures to be followed. The Office also notifies the Dean of the school or college in which the alleged misconduct occurred of the charges.

#### D) GRADUATE HEARING COMMITTEE

The Graduate Hearing Committee is composed of three voting members (two members of the graduate faculty and one graduate student). The Executive Committee of the Graduate Faculty Council selects them with advice from appropriate Deans. The appropriate Associate Dean of the Graduate School (Storrs or Health Center) conducts the hearing as a non-voting member. A member of the Hearing Committee cannot have a direct involvement in the case under consideration. The accused will be notified in writing of the composition of the hearing committee and will have the right to object to the appointment of any committee member on the grounds that the member's participation would jeopardize the party's right to a fair hearing. The Associate Dean conducting the hearing will determine whether any objections have merit and will judge whether a panel member will be seated.

The proceeding, although formal, is not a court proceeding and the Hearing Committee will not be bound by the procedures and rules of evidence of a court of law. The Committee's decision is to be made by majority vote and is to be based on clear and convincing evidence submitted at the hearing, including evidence regarding intent.

The Associate Dean will conduct the hearing, ordinarily in private unless the accused student and accuser agree to an open hearing, using the following steps:

- 1) Identification of the accused student, the person bringing the allegation, any representative of the accused, and the hearing panel.
- 2) The accused student may make an opening statement.

- 3) The presentation of evidence by the person alleging the misconduct. Evidence includes written statements, testimony of the person alleging the misconduct, oral testimony of witnesses, physical exhibits, and evidence of intent.
- 4) Questioning of witnesses and accuser, and rebuttal of evidence.
- 5) Presentation of evidence by the accused student. Evidence includes written statements, testimony of the accused student, oral testimony of witnesses, physical exhibits, and evidence of intent.
- 6) Questioning of the accused student and witnesses, and rebuttal of evidence.
- 7) Recall of any hearing participants.
- 8) Summation statements by the person alleging the misconduct and by the accused student.

During the hearing the accused student:

- 1) May decline to make statements. Refusal to answer questions shall not be interpreted as evidence of guilt.
- 2) May decline to appear at the hearing. Refusal to appear shall not be interpreted as evidence of guilt. The hearing panel will consider the evidence in the absence of the accused student.
- 3) May be advised for consultation purposes during the hearing. The student's consultant may not address the hearing panel or others at the hearing unless permitted by the Associate Dean conducting the hearing.

The hearing panel's decision is to be forwarded to the student, the person alleging the misconduct, the Dean of the school or college in which the alleged misconduct occurred, and to the Dean of the Graduate School within two weeks from the date of the hearing.

If the student is found not to be responsible for graduate academic misconduct, then no academic consequence may be imposed and the case is considered officially closed, and all records associated with the hearing are removed from the student's permanent academic file.

In the event that the student is found responsible for graduate academic misconduct, the panel may recommend to the Dean of the Graduate School academic and/or university sanctions. The Dean will examine the record of the hearing and will weigh the severity of the recommended sanction(s) against the seriousness of the student's misconduct. The Dean then will meet with the student before making a final judgment about sanctions. The Dean may impose any academic sanctions and may recommend to the Dean of Students any university sanctions to be imposed.

Decisions of the Dean of the Graduate School can be appealed to the Provost for University Affairs by the student. An appeal is not a new hearing. It is a review of the record of the original hearing. The accused student and a consultant of his or her choice have the right to review the accused student's file and other records of the hearing. An appeal may be sought on two grounds:

- 1) On a claim of error in the hearing procedure. Appeals on such grounds must be presented, specifically described, in writing within five days (excluding weekends and holidays) of the announcement of the decision.

- 2) On a claim of new evidence or information material to the case that was not available at the time of the hearing. Appeals on such grounds must be presented, specifically described, in writing within five days (excluding weekends and holidays) of the new evidence having been discovered.

The Provost for University Affairs shall have the authority to dismiss an appeal not sought on proper grounds.

If an appeal is upheld, the Dean of the Graduate School shall refer the case with procedural specifications back to the hearing panel.

\* \* \* \* \*

APPENDIX: A graduate student is defined as any individual who holds admission to the Graduate School to pursue either a graduate certificate or a graduate degree, as well as any other individual enrolled in a graduate-level course who is not strictly an undergraduate degree or an undergraduate certificate student.

(Approved by the Board of Trustees 11/10/98)

## **Policy B: Policy and Procedure for Review of Alleged Misconduct of Research**

### **POLICY: REVIEW OF ALLEGED MISCONDUCT OF RESEARCH**

At the University of Connecticut Health Center, research misconduct is defined as fraudulent or markedly irregular practices in research conduct and in the proposing of research, the collection, analysis and reporting of data, including their fabrication, falsification, or plagiarism. It does not include honest error or differences in interpretations or judgments of data.

All members of the research community at UCHC, including all faculty members of the Schools of Medicine and Dental Medicine, research assistants and associates, graduate students, postdoctoral fellows, technicians and administrative staff involved in the Health Center's research program are bound by this policy. It is the clear obligation of all members of the research community to report incidents of suspected research misconduct. In order to provide an orderly disposition of charges of misconduct that is thorough, rapid, and fair to all parties, the following system has been developed. The process proceeds through four stages. These are described in the body of this policy.

#### **1. Initial Contact.**

To speed reports of research misconduct individuals reporting will follow the UCHC policy titled [Reporting Compliance Concerns](#). Upon receipt of a report of misconduct the UCHC Research Domain Chief Compliance Officer (CCO) or the Corporate Compliance Integrity Officer (CCIO) will:

- a) explain the rights of the individual wishing to make the report (whistleblower) including UCHC's obligations to the whistleblower; Refer to [Whistleblower Protection Policy](#).
- b) identify the area of activity;
- c) Notify the whistleblower that if the report has not been made in written form it will be put in writing by the CCO or the CCIO. The whistleblower will be encouraged to provide as much detail as possible in this initial allegation;

- d) inform the whistleblower that the report may be submitted anonymously. However, the whistleblower must also be informed that confidentiality cannot be guaranteed, and that Research Misconduct Policy Policy # 2003-41 (10/1/03) the identity of the whistleblower may be revealed on a need to know basis (or may be inferred) during the investigation;
- e) notify the whistleblower that once a report is made known to an individual in the UCHC Compliance structure, it cannot be withdrawn;
- f) notify the whistleblower that the CCIO will keep a written log of all reports; and
- g) notify the whistleblower that in accordance with federal policies on research misconduct, the whistleblower should not participate in the fact-finding phase, or in any other aspect of the determination of misconduct, other than as a witness.

The UCHC Research Domain Chief Compliance Officer or the UCHC Corporate Compliance Integrity Officer will then submit the written allegation to the Chairperson of the Faculty Standing committee.

**2. Initial Review by Chairperson of the Standing Committee.**

A. The Standing Committee consists of five senior scientists, two from the School of Dental Medicine and three from the School of Medicine. They will be appointed by the Executive Vice President for Health Affairs (EVP) in consultation with the Dean of the School of Medicine and the Dean of the School of Dental Medicine. When a new appointee is required, the relevant Council (Medical or Dental) will be asked to submit the names of three senior scientists, and the appointee will be chosen from amongst them. The term of membership will be three years and can be renewed. The Associate Vice President for Research Administration will serve, *ex-officio*, as a non-voting member of the Committee and will be Executive Secretary for the Committee.

B. The Chairperson of the Standing Committee will be selected by the Executive Vice President for Health Affairs.

C. Special duties of the Chairperson:

- 1. The written allegation will be hand delivered by the CCO or CCIO to the Chairperson of the Standing committee in a sealed envelope.
- 2. The Chairperson in consultation with one other member of the Standing Committee, will determine if there is sufficient justification in the written allegation to proceed with an initial inquiry.

D. Result of the Chairperson's review :

1. If there is insufficient information to allow initiation of an inquiry, or if the allegation is deemed trivial or frivolous, the allegation will not be brought before the Standing Committee. In this case, all records of the preliminary review, the written allegation and a report detailing the reasons why further review was deemed unnecessary, will be labeled, dated, sealed and deposited with the Associate Vice President for Research Administration, who will retain this material in a secure fashion for at least three (3) years or in accordance with the State of CT Records Retention Schedule whichever is longer and provide to Health and Human Services authorized personnel upon request.

2. All other allegations will be forwarded to the Standing Committee.

3. The Executive Vice President for Health Affairs, the CCIO, the CCO, and the whistleblower (if possible) will be notified regarding the disposition of the allegation following the Chairperson's review.

### **3. Review by the Standing Committee.**

The Standing Committee will conduct an inquiry to determine if cause exists for the creation of a Special Review Board to investigate the allegation of misconduct.

A. The accused will be notified immediately by the Standing Committee of the nature of the charges and that an inquiry has begun.

B. The initial inquiry by the Standing Committee will be conducted in confidence and should be completed within 60 days of the initiation of the inquiry. Under unusual circumstances a longer period may be warranted. This period of extension should not exceed 60 days, and the basis for the extension must be explained in the Standing Committee's report of the inquiry.

C. Whenever a conflict of interest exists with a member of the Standing Committee, that committee member will be removed from this review. A committee member or another party may recognize a conflict. In cases where such conflict exists, the Executive Vice President for Health Affairs will name a substitute member in consultation with the appropriate Dean.

D. The appropriate Department Head and Dean will be notified when an initial inquiry is undertaken; testimony from the Department Head and Dean will be solicited at the discretion of the Standing Committee, or offered by the Department Head or Dean at his/her discretion.

E. If requested by the Standing Committee, the Executive Vice President for Health Affairs will make legal counsel available to the Standing Committee.

F. Nature of the inquiry by the Standing Committee:

1. The initial inquiry will be conducted by at least three of the five members of the Standing Committee and will be based on objective analysis of records, such as data books. Interviews with technicians, research associates or collaborators should be limited in the initial inquiry to those essential to define a need for an investigation. If the Standing Committee does not have the requisite scientific expertise to carry out the initial inquiry, it may solicit additional expertise.

2. The accused has the right to hear the allegation, to raise written questions and to testify, accompanied by legal counsel if desired, on all matters relevant to the inquiry. On the other hand, the accused may choose not to participate in the review.

3. The Standing Committee will prepare a report of its inquiry, including a summary of the evidence reviewed, interview summaries, whether the allegation was made in good faith, and the conclusions of the inquiry. The accused will be offered an opportunity to comment on the findings of the inquiry, and those comments shall be included in the report.

4. Confirmatory finding. Should the Standing Committee find by majority vote that there is reason to suspect misconduct, a recommendation for further investigation will be made to the appropriate Dean and to the Executive Vice President for Health Affairs in its written report.

5. Non-confirmatory finding. If the inquiry by the Standing Committee determines that the allegations are unfounded, this is conveyed in the Committee's final report. The accused may request that the conclusions of the initial inquiry be made public. However, every reasonable effort will be made not to identify publicly the individual making the initial allegation. In addition the Health Center will undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, made the initial allegation.

6. Notification of the Standing Committee's findings. The Standing Committee's findings, whether confirmatory or non-confirmatory are written in a final report and sent to the EVP, with a copy to the accused. The CCIO, the CCO, the Dean, the Department Head and the whistleblower (if known) will be sent notification of the disposition of the review.
7. Early termination of inquiry. Should the Standing Committee decide to terminate the initial inquiry for any reason, a report of such planned termination, including a description of the reasons for such termination, will be made to the appropriate federal oversight office.
8. Records of all inquiries by the Standing Committee, including a copy of its final report, shall be kept on file and in a secure fashion in the Office of the Associate Vice President for Research Administration for a period of at least three (3) years or in accordance with the State of CT Records Retention Schedule, whichever is longer. These records, upon appropriate and reasonable request, will be made available to those agencies which have a statutory right of access.

#### **4. Full Review by Special Review Board (SRB)**

In the case of allegations of research misconduct identified by the Standing Committee as warranting further review, a full investigation will be initiated within 30 days of the completion of the inquiry. This investigation will be carried out by an *ad hoc* Special Review Board (SRB) appointed by the Executive Vice President for Health Affairs with advice from the appropriate Dean(s). The Executive Vice President for Health Affairs will make reasonable effort to prevent any real, or apparent, conflict of interest on the part of the members of the SRB. An opportunity will be provided to challenge the composition of the SRB by the whistleblower or the accused. If it is determined by the EVP that there is a reasonable basis for the challenge, the composition of the committee may be altered.

A. SRB Membership. The SRB will consist of two faculty members from the involved School, and one member of the Standing Committee. Every attempt will be made to appoint the SRB in a manner that will guarantee that it has the requisite scientific expertise needed to conduct an investigation. In the event that it is necessary, individuals with appropriate scientific expertise from institutions other than the University of Connecticut Health Center will be added to the membership of the SRB. (The Executive Vice President for Health Affairs will assure sufficient protection against personal liability for actions taken during the review process for extramural as well as intramural members of the SRB). The Associate Vice President for Research Administration will serve as a non-voting, ex-officio member and Executive Secretary of the SRB. The Executive Vice President for Health Affairs will provide appropriate legal counsel to the SRB.

B. The SRB will draft a notification letter to any relevant governmental agencies to notify them of the investigation that is underway. This letter is reviewed, approved and signed by the EVP.

C. Purview of the Investigation. The SRB will evaluate the report of the Standing Committee and examine data books, records, publications and other information relevant to the charge of misconduct. The investigation will be conducted in confidence, and best efforts will be made to protect the privacy of the individuals involved in the investigation. The SRB may request interviews with any of the principals or their colleagues. The accused has the right to give testimony on all aspects of the report by the Standing Committee and on all of the evidence acquired by the SRB. The accused has the right either individually or through their representative to raise written questions and demand answers in written form from the individual(s) who made the original allegations (assuming the identity of those individuals is known to the SRB); to examine in writing or orally, those who give testimony to the SRB; to call witnesses, and to be represented by legal counsel as appropriate. The accused party may choose not to participate in the investigation. An investigation should ordinarily be completed within 120 calendar days of its initiation. This includes conducting the investigation, preparing the report of findings, making that report available for comment by the subjects of the

investigation, and submitting the report to the applicable federal oversight agencies. If delays occur affecting the completion of the investigation past the 120-calendar day completion deadline, the procedure noted in 11. D. below in this policy will be followed.

D. **Early Termination of Review.** If the SRB decides to terminate its investigation for any reason without completing all relevant requirements of applicable federal law, a report of such planned termination, including a description of the reasons for such termination, shall be made to the appropriate federal oversight office.

E. **Report of the Investigation.** The SRB will report its findings and recommendations to the Executive Vice President for Health Affairs, the Dean(s) of the involved School(s), the appropriate Department Head(s), the CCO, the CCIO, applicable federal oversight offices, and the individual(s) accused of misconduct. Prior to submitting this report, however, the accused will be given an opportunity to comment on the findings, and those comments will be included in the final report. The accused will be provided with a copy of the final report. The report of the SRB will include a detailed discussion of the rationale involved in reaching its decision, including a description of the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings, the basis for the findings, and whether the allegations were made in good faith. The report will include the actual text or an accurate summary of the views of the accused.

F. **Responses to the Report.**

1. **Allegation is Confirmed .** Should the allegation of misconduct be confirmed by the vote of a majority of the members of the SRB, appropriate action will be taken by the Executive Vice President for Health Affairs with advice from the appropriate Dean of the involved School and the relevant UCHC Department(s) or Center Head. Funding agencies directly involved in the support of the research in question will be notified, by the Associate Vice President for Research Administration that an allegation of misconduct has been confirmed by formal investigation. If the research involves human subjects, the Institutional Review Board and the Office of Human Subject Research Protection will be notified of the findings.

2. **Allegation is not Confirmed.** In this case, the Health Center will undertake reasonable efforts to restore the reputation of the accused. The accused has the right to request widespread dissemination of the findings, and the Health Center will exercise its best efforts to do so. Reasonable efforts will also be made not to identify the individual(s) making the allegation. The Health Center will make reasonable efforts to protect the positions and reputations of persons who, in good faith, made allegations of research misconduct.

G. All records of the SRB will be sealed and deposited with the Associate Vice President for Research Administration. He/she will keep these records secure according to the State of Connecticut Records Retention Schedule. If required by federal regulation, documentation of the SRB's investigation will be made available to the appropriate federal oversight office.

## **5. Protection of the Whistleblower and the Respondent**

**Whistleblower** – It is the policy of the Health Center to protect all employees, students and other individuals associated with the Health Center who have made an allegation of research misconduct in accordance with this policy from retaliation in accordance with the requirements of federal and state law. See UCHC's [Whistleblower Protection Policy](#). Similarly, inquiries and investigations will be conducted in a manner that will ensure fair treatment to the respondent(s) in the inquiry or investigation. Confidentiality will be maintained to the extent possible without compromising public health and safety or the necessary thoroughness of the inquiry or investigation.

## **6. Failure to Cooperate**

Whenever individuals (including the accused and any other individuals) fail to cooperate either with the Standing Committee or with the SRB, the review process will be conducted without their participation.

## **7. Sanctions**

A. Sanctions and penalties for those engaged in fraudulent scientific activities will be determined by the Executive Vice President for Health Affairs with advice by the appropriate Dean(s) and Department Head. Sanctions may include, but are not restricted to:

- Letter of reprimand
- Notification to professional and/or scientific societies
- Notification to journals which may have published research determined to be fraudulent
- Reassignment of duties
- Termination of grant support
- Termination of fellowship support
- Adjustment of research space allocation
- Adjustment of salary
- Suspension
- Dismissal

When required by relevant federal regulation, a report of the sanctions imposed will be provided to the appropriate federal oversight office.

## **8. Appeals of Process and/or Sanctions**

Appeals can be made in accordance with the University of Connecticut's laws and by laws for faculty or non-faculty professional staff or through applicable union contracts. If the appeals process delays the completion of the investigation past the 120-calendar day completion deadline, the procedure noted in 11. D. below in this policy will be followed.

## **9. Promulgation of the Policy and Procedure for Review of Alleged Misconduct of Research.**

A. All Faculty members of the Schools of Medicine and Dental Medicine, research assistants and associates, graduate students, postdoctoral fellows, technicians and administrative staff involved in the Health Center's research program will be given a copy of the Policy and Procedures. The Health Center's Human Resources Department will also provide all new employees with a copy of this document upon engagement.

B. Each academic department, research unit and graduate degree program should conduct a brief annual review of the Policy and Procedures. Medical and dental students should be made aware of the Policy and Procedures document during the first year of basic medical sciences and before initiating research projects.

C. The policy is also available on the UCHC website, along with other institutional policies.

## **10. Revision of Policy Guidelines**

This document will be periodically reviewed and revised.

## **11. Interim Administrative Actions**

In the event that any of the following conditions are determined to exist, the CCO of the Research Domain will be responsible for immediate reporting to the relevant research sponsors:

- There is an immediate health hazard involved;

- There is an immediate need to protect Federal or other funds or equipment;
- There is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co- investigators and associates, if any;
- It is probable that the alleged incident will be reported publicly;
- There is a reasonable indication of possible criminal violation, in which case relevant research sponsors will be notified within 24 hours, if so required by law.

A. In situations where there is an apparent need to take additional interim administrative actions to protect Federal funds and insure that the purposes of the Federal financial assistance are carried out, the Health Center administration will be responsible for taking such action. While circumstances may require immediate action, the administration must inform either the Standing Committee or the SRB (as appropriate for the stage of review) of its action in a timely manner. The relevant Committee will review the administration's action and provide its recommendation as to its propriety.

B. The Associate Vice President for Research Administration will, as required by appropriate federal law, notify the appropriate federal oversight office(s) that an investigation will be initiated, on or before the investigation begins.

C. The Associate Vice President for Research Administration will advise the appropriate federal oversight office of any developments during the course of the investigation which disclose facts that may affect current or potential DHHS funding for individual(s) under investigation or that the federal oversight office needs to know to ensure appropriate use of Federal funds.

D. In the event that the SRB is unable to complete its investigation in 120 calendar days, the Associate Vice President for Research Administration will submit a written request for extension, as required by federal regulation, with the appropriate federal oversight office. Such a request will include an explanation for the delay, an interim report on progress of the investigation, an outline of what remains to be done, and an estimated date of completion of the investigation.

## **POLICY C: DATA OWNERSHIP POLICY**

Research data are the foundation of scholarly work at the Health Center. In order to assure the principles of academic freedom, free publication of new knowledge and research integrity, research data must be preserved in a manner that makes them available to those individuals (faculty, students and other research staff) who provided significant input into their generation and analysis. In addition, such data must be preserved in a manner that satisfies the Health Center's legal obligations under federal and state law. It is equally important, however, that research data not be subject to premature or inappropriate disclosure. Additionally, the Health Center's ability to preserve the value of intellectual property through legal means such as patents is entirely dependent upon a complete data record. Thus, it is the policy of the Health Center that all faculty, students and staff exercise reasonable efforts to preserve research data as outlined in this document, comply with requirements of federal and state laws and/or regulations governing access to research data and refrain from capricious or unauthorized dissemination of research data. The principles below shall be adhered to in fulfilling the mandate of this policy. The Health Center data ownership policy shall be distributed to all members of research groups and the principal investigator (PI) should discuss with each member of the group policies specifying the rights and responsibilities of those participating in the research, with respect to access, custody and publication of research data and materials generated as a result of the research activity.

### **Definitions**

**Research Data** – recorded information necessary to validate or reconstruct research findings. Examples of research data include but are not limited to field notes, completed questionnaires, data abstraction forms, laboratory notebooks, patient charts, cage cards, audio tapes, video tapes and electronic data files. Research materials and devices include but are not limited to chemical or biological reagents, field specimens, devices and copyrightable instruments used in the collection of data (e.g., questionnaires, scales, psychosocial assessment and personality inventories, etc.), created as a result of research. Research materials and devices are considered property, not research data.

**Principal Investigator (PI)** – the person, usually a faculty member, who is the senior member of a research team, responsible for proposing, conducting and administering research by that team. In large, multidisciplinary research programs funded by mechanisms such as program project or center type grants, the PI is generally the person responsible for one of the component projects of the program.

### **Principles**

1. Research materials, inventions or devices developed through the use of Health Center resources are the property of the University of Connecticut Health Center. Rights to such property may be transferred to other parties (such as commercial sponsors) with the express written authorization of the Health Center. Copyrightable materials are generally not the property of the University.
2. With the exception of the situations described in paragraph (5) below, research data are considered the property of the PI, or the joint property of collaborating individuals when research data are generated by a principal investigator working in collaboration with one or more faculty colleagues. Research data generated by postdoctoral fellows, graduate students, research trainees or others who have had significant intellectual input, shall be considered the joint property of the collaborating individuals. The individual named as PI by the organization sponsoring the work shall, however, retain the principal responsibility for custody of the data.
3. The PI will assure the safe and orderly collection and management of research data. The data must be retained for a minimum of three years after the "final closeout" of grants or contracts that supported the research generating the data. In addition, data must be retained for as long as may be necessary to allow students to complete degree requirements; to protect intellectual property resulting from the work; and/or to

allow completion of any administrative actions (e.g., research misconduct investigations or litigation) involving the research.

4. Research data subject to a research sponsor's disclosure requirements, such as outlined in the federal OMB Circular A-110, the Public Health Service Grants Policy Manual (or other such policies) represent special situations which place obligations for the stewardship of research data on the Health Center. Data generated in projects supported by grants or contracts containing such provisions shall be jointly owned by the Health Center and the PI. The Health Center shall have an irrevocable right to obtain such data from the PI at any time, even if that individual has left the institution. Custody of the data will continue to be the responsibility of the PI.

5. Research data may not be released for publication or for commercial uses without the expressed permission of all individuals who made significant intellectual contributions to the project. In case of dispute, the Executive Vice President (EVP) will appoint an ad hoc faculty committee of three to make recommendations to the EVP to resolve the dispute.

6. When a contractual agreement is established between a principal investigator and consultants, service facilities, or other individuals or corporations, the research data resulting from the contractual relationship remains the property of the principal investigator, and the research materials, inventions or devices resulting from the contractual relationship remain the property of the University of Connecticut Health Center unless otherwise specified in the contractual agreement.

7. Nothing in this policy shall be construed as negating State, Federal or University policies regarding patent rights.

8. Nothing in this policy shall be construed as interfering with the investigation of alleged misconduct under the policies of the University of Connecticut Health Center, including the responsibility of whistleblowers to sequester data in good faith that relate to allegations of research misconduct.

## Policy D: The University of Connecticut Health Center - Policy and Procedures on Conflicts of Interest in Research

### Section 1. INTRODUCTION

The purpose of this policy is to outline an institutional approach to the identification and management of conflicts of interest, in a fashion which will foster both the conduct of scholarly activities and ensure compliance with Public Health Service and National Science Foundation regulations.

### Section 2. APPLICABLE REGULATIONS

At present, there are at least three sets of existing regulations (both state and federal) which serve as the basis for this policy. Copies of these regulations are available to all UCHC faculty and staff from the Office of the Assistant Vice Chancellor for Research.

The *Code of Ethics for Public Officials*, Connecticut General Statutes, Sec. 1-79 through 1-89 stipulates what types of activities are allowable for state employees who may have financial interests in companies which do business with the State of Connecticut.

The National Science Foundation (NSF) *Investigator Financial Disclosure Policy* and the U. S. Public Health Service (PHS) regulations in *42 CFR Part 50*, and *45 CFR Part 94*, under the heading of *Objectivity in Research* become effective October 1, 1995, and carry the weight of federal regulation. The federal policies stipulate requirements for:

- a) annual financial disclosures on the part of **ALL** research investigators;
- b) institutional certification that all proposed and ongoing NIH/NSF sponsored research is either free of conflicts of interest, or that such conflicts are adequately managed;
- c) the implementation of an institutional mechanism for managing conflicts of interest in research;
- d) keeping NIH/NSF informed if UCHC is unable to satisfactorily manage actual or potential conflicts of interest;
- e) sanctions where appropriate; and,
- f) maintenance of records relating to this policy, for at least three years following the termination of a given project.

### Section 3. DEFINITIONS<sup>i</sup>

*Business* means any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, business or real estate trust, or any other legal entity organized for profit or charitable purposes.

*Conflict of Interest* means a situation in which significant financial interests in a business, or other personal considerations provided by a business, may compromise, or have the appearance of compromising, an investigator's professional judgment in conducting or reporting research, the results of which could affect the aforementioned business, either directly or indirectly.

*Immediate Family* means the investigator's spouse, minor children, and any other persons living in the same household.

*Investigator* means the principal investigator and any other person at UCHC who is responsible for the design, conduct or reporting of research, and the investigator's immediate family. This shall include faculty and

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<sup>i</sup> Definitions in this Section have been adapted from the following documents:

Harvard University Faculty of Medicine, Policy on Conflict of Interest and Commitment.  
 Association of American Medical Colleges. Guidelines for Dealing with Faculty Conflicts of Commitment and Conflicts of Interest in Research. 1990.  
 Department of Health and Human Services. Federal Register, 7/11/95. Notice of Final Rule, Objectivity in Research.  
 National Science Foundation. Federal Register, 7/11/95. Notice of Final Rule, Investigator Financial Disclosure Policy.

research staff (research associates and assistants, postdoctoral fellows, graduate students, visiting scientists, and medical or dental students engaged in research conducted in the department).

*Participate* means to be part of the described activity in any capacity, including but not limited to serving as the principal investigator, co-investigator, research collaborator or provider of direct patient care. The term is not intended to apply to individuals who provide primarily technical support or who are purely advisory, with no direct access to the data (e.g., control over its collection or analysis) or, in the case of clinical research, to the trial participants, unless they are in a position to influence the study's results or have privileged information as to the outcome.

*Significant Financial Interest* means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

1. Salary, royalties, or other remuneration from UCHC;
2. Income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities;
3. Income from service on advisory committees or review panels for public or non-profit entities; or
4. An equity interest that when aggregated for the investigator and the investigator's spouse and dependent children, meets both of the following tests: Does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and does not represent more than 5% ownership interest in any single entity; or,
5. Salary, royalties or other payments that when aggregated for the investigator and the investigator's spouse and dependent children over the next 12 months, are not expected to exceed \$10,000.

*Research* means a systematic investigation designed to develop or contribute to generalizable knowledge relating broadly to public health, including behavioral and social sciences research. The term encompasses basic and applied research, and product development.

*Technology* means any compound, drug, device, diagnostic, medical, dental or surgical procedure intended for use in health care or health care delivery.

#### **Section 4. KEY ELEMENTS OF THE POLICY**

The UCHC Conflicts of Interest Policy is designed to identify actual or potential sources of conflicts of interest in research; and to either eliminate, reduce or manage such conflicts. As such, the following subsections outline the procedures which will be followed to assure compliance with this policy, and all applicable state and federal regulations related to conflicts of interest.

##### **4.1 Notification of Investigators**

Upon adoption of this policy, a copy will be sent to all investigators (as defined in Section 3 above), and it will be entered into the Research Administration Electronic Information (Gopher) System. Any changes of the policy will be annotated and distributed to all investigators in the UCHC periodical, *Research Notes*, and will be included in a revised version of the policy located on the Research Administration Electronic Information (Gopher) System. This will be the responsibility of the Office of the Assistant Vice Chancellor for Research.

The Dean's Offices of the Schools of Medicine and Dental Medicine shall, subsequent to the initial distribution of this policy, provide a copy of the policy to all new faculty hired into those Schools, any visiting faculty appointed on a non-paid basis, and all students (including graduate students conducting research at UCHC) at time of matriculation.

The UCHC Department of Human Resources shall, subsequent to the initial distribution of this policy, provide a copy of the policy to all new research staff hired by UCHC.

#### **4.2 Financial Disclosure Procedures**

All UCHC Department Heads in the Schools of Medicine and Dental Medicine shall annually distribute and collect the UCHC Conflict of Interest Financial Disclosure form. The form will be sent to all investigators, including faculty and research staff, e.g., research associates and assistants, postdoctoral fellows, graduate students, visiting scientists, and medical or dental students engaged in research conducted in the department. For investigators who may join departmental research efforts between annual distributions of the UCHC Conflict of Interest Financial Disclosure form, Department Heads will ensure that the form is completed and reviewed prior to the initiation of research by those investigators.

Department Heads will also designate a departmental officer whose responsibility will be to review the UCHC Conflict of Interest Financial Disclosure forms to determine if a conflict of interest exists with respect to the conduct of research of any investigator in that department. If a conflict of interest is noted, the department will forward the UCHC Conflict of Interest Financial Disclosure form to the UCHC Conflict of Interest Management Committee.

In addition, investigators and department heads will be responsible for ensuring that an updated UCHC Conflict of Interest Financial Disclosure form shall be completed and filed at any time during a year when an investigator's significant financial interests may change.

#### **4.3 Review of Financial Disclosure and Certification of Conflict of Interest Status**

Upon review of the UCHC Conflict of Interest Financial Disclosure form, the departmental conflict of interest officer shall be responsible for notifying the department head of the conflict of interest status of all investigators within that department. Certification that investigators have complied with the requirement to complete the UCHC Conflict of Interest Financial Disclosure form, and that **NO**

Conflict of Interest exists, will be accomplished as the Department Head signs off on the UCHC Statement of Commitments and Proposal Approval form, each time an investigator submits a proposal for extramural funding.

In the event a conflict of interest has been identified, the Department Head shall notify the Assistant Vice Chancellor for Research that such a conflict has been identified, and that steps have been initiated to eliminate or manage the conflict of interest, as outlined in Section 4.5 below. During the period of resolution, no proposals for extramural support (which are the subject of the conflict of interest) for the investigator(s) shall be approved by that department. Once a resolution of the conflict has been achieved, the Department Head will notify the Assistant Vice Chancellor for Research of the terms of the resolution, and authority to process all proposals will be reinstated.

In the event that the Health Center is unable to resolve the conflict within 45 days of discovery, the department head shall notify the Assistant Vice Chancellor for Research of this, and the facts surrounding that case. In the event that notification of research sponsors is required, the Assistant Vice President will be responsible for effecting this notification.

#### **4.4 Resolution and/or Management of Conflicts of Interest**

If a conflict of interest has been identified as a result of the procedures outlined in Section 4.3 above, Department Heads will be responsible for taking the appropriate following action(s):

1. Notify the investigator(s) that as a result of the financial disclosure process, a conflict of interest has been discovered in relation to research in which the investigator(s) are involved.

2. Refer the matter to the Health Center's Conflict of Interest Management Committee.

#### **4.5 Conflict of Interest Management Committee**

The Chancellor and Provost for Health Affairs and Executive Director (Chancellor) is the chief executive and academic officer of the Health Center. The Chancellor shall annually, upon the recommendation of the Deans of the Schools of Medicine and Dental Medicine, appoint a Conflict of Interest Management Committee composed of five (5) senior faculty, one of whom will be appointed as chair. Every effort will be made to have representation on this Committee of faculty who have experience in industrially sponsored research, as well as basic and clinical research. The Assistant Vice Chancellor for Research shall serve as an ex-officio member of the committee.

The committee will be responsible for reviewing cases referred to it by UCHC Department Heads in order to determine whether the financial interest identified in the disclosure process could affect the design, conduct, or reporting of the research of the affected investigator(s), and determine what conditions or restrictions, if any, should be imposed by the Health Center to manage such conflicts; or it may decide that the probability that the financial interest would affect the design, conduct or reporting of the research is too remote to warrant any specific conditions or restrictions. The committee will be authorized to request any other information that it deems necessary to assist it in this determination.

Examples of conditions or restrictions that might be imposed to manage actual or potential conflicts of interest include:

- a. public disclosure of significant financial interests;
- b. monitoring of the research by independent reviewers;
- c. modification of the research plan;
- d. disqualification from participation in all or a portion of the research subject to the conflict of interest;
- e. divestiture of the financial interests; or,
- f. severance of relationships that create actual or potential conflicts.

This committee's operating guidelines will be developed subsequent to the adoption of this policy. Every effort will be made to maintain the privacy of information gathered in the Committee's deliberations, within the limits imposed by applicable laws and regulations.

#### **4.6 Maintenance of Records**

All records related to the implementation of this policy, e.g., Conflict of Interest Financial Disclosure forms, minutes of meetings called to resolve or manage conflicts, minutes of the meetings of the Health Center Conflict of Interest Management Committee, notifications to funding agencies, etc., shall be maintained in the home department of the investigators in question. These records shall be maintained, with an appropriate degree of security, for a period of at least three years following the investigator's departure from UCHC.

Departmental conflict of interest records shall be subject to periodic review for compliance with this policy by the UCHC Administration, or by any sponsoring agency, per the regulations cited in Section 2 above.

#### **4.7 Notification of Research Sponsors**

The Assistant Vice Chancellor for Research shall be responsible for timely notification of research sponsors, as may be required by the sponsors' policies or agreements between UCHC and the sponsors, of any actual or potential conflicts of interest; including any measures taken to reduce, manage or eliminate such conflicts.

**Section 5. APPEALS**

In situations where the investigator(s) dispute the decision of a conflict of interest management committee, the matter will be referred to the Health Center's Faculty Review Board, whose decision regarding the management of conflicts of interest shall be final.

**Section 6. PROHIBITED ACTIVITIES**

Consistent with the regulations outlined in Section 2, it is the policy of the University of Connecticut Health Center that conflicts of interest in research may be allowable, provided that an acceptable plan of management, as outlined in Section 4 above, can be developed and implemented in situations where such conflicts arise, as long as such management plans are not in conflict with applicable state and federal regulations.

The only exception to this is that investigators may not engage in research activities sponsored by businesses in which those investigators have an ownership interest equaling 5% or more of the outstanding stock (or other ownership interests) of that business, as required by the Connecticut General Statutes.

**Section 7. SANCTIONS**

Sanctions and penalties for those who knowingly and willfully disregard this policy, or refuse to comply with its terms, will be determined by the Dean of the appropriate School with advice from the investigator(s) Department Head. Sanctions include, but are not restricted to:

- Letter of reprimand
- Notification to professional and/or scientific societies, funding agencies and/or professional journals
- Reassignment of duties
- Termination of grant support
- Adjustment of research space allocation
- Adjustment of salary
- Suspension
- Dismissal

**Section 8. CONFLICT OF INTEREST FINANCIAL DISCLOSURE FORM**

**University of Connecticut Health Center  
Conflict of Interest Financial Disclosure form**

(Please complete this form for each business with which you have a relationship, and return to your departmental conflict of interest officer. Review definitions on the reverse side of this form to help you understand how to answer these questions.)

**Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

1. Do you, or any member of your family, have a significant financial interest in a business whose activities relate in any way to your research as a faculty member of the University of Connecticut Health Center?

Yes \_\_\_\_\_ (If you check Yes, please continue to question 2)

No \_\_\_\_\_ (If you check No, please sign form and return to your department head)

2. Please provide the following information about the significant financial interest identified above.

Name of business.

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Activities or Products of the business.

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Is this business a for-profit entity?

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Is this business publicly traded?

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- 3. Please describe the nature of your, or your immediate family's relationship to the business identified above, e.g., consulting, employee, executive position, board of directors, honoraria, stock ownership. Provide details about the nature of activities with the business.

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I have answered fully and to the best of my ability and will update this form promptly if my circumstances change.

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Signature

Date

**DEFINITIONS <sup>ii</sup>**

*Business* means any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, business or real estate trust, or any other legal entity organized for profit or charitable purposes.

*Conflict of Interest* means a situation in which significant financial interests in a business, or other personal considerations provided by a business, may compromise, or have the appearance of compromising, an investigator's professional judgment in conducting or reporting research, the results of which could affect the aforementioned business, either directly or indirectly.

*Immediate Family* means the investigator's spouse, minor children, and any other persons living in the same household.

*Investigator* means the principal investigator and any other person at UCHC who is responsible for the design, conduct or reporting of research, and the investigator's immediate family. This shall include faculty and research staff (research associates and assistants, postdoctoral fellows, graduate students, visiting scientists, and medical or dental students engaged in research conducted in the department).

*Participate* means to be part of the described activity in any capacity, including but not limited to serving as the principal investigator, co-investigator, research collaborator or provider of direct patient care. The term is not intended to apply to individuals who provide primarily technical support or who are purely advisory, with

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no direct access to the data (e.g., control over its collection or analysis) or, in the case of clinical research, to the trial participants, unless they are in a position to influence the study's results or have privileged information as to the outcome.

*Significant Financial Interest* means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

Definitions in this Section have been adapted from the following documents.

Harvard University Faculty Medicine, Policy on Conflict of Interest and Commitment. Association of American Medical Colleges. Guidelines for Dealing with Faculty Conflicts of Commitment and Conflicts of Interest in Research 1990. Department of Health and Human Services. Federal Register (59) 123, 06/28/94. Notice of Proposed Rule Making, Objectivity in Research, p33242-33251. National Science Foundation. Important Notice No. 117, Investigator Financial Disclosure Policy. June 30, 1994.

1. Salary, royalties, or other remuneration from UCHC;
2. Income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities;
3. Income from service on advisory committees or review panels for public or non-profit entities; or
4. An equity interest that when aggregated for the investigator and the investigator's spouse and dependent children, meets both of the following tests: Does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and does not represent more than 5% ownership interest in any single entity; or,
5. Salary, royalties or other payments that when aggregated for the investigator and the investigator's spouse and dependent children over the next 12 months, are not expected to exceed \$10,000.

*Research* means a systematic investigation designed to develop or contribute to generalizable knowledge relating broadly to public health, including behavioral and social sciences research. The term encompasses basic and applied research, and product development.

*Technology* means any compound, drug, device, diagnostic, medical, dental or surgical procedure intended for use in health care or health care delivery.

## **Section 9. REFERENCES**

The following references on conflict of interest are intended to serve as an educational resource for the UCHC research community. It is neither an exhaustive, nor particularly current set of citations. It will, however, provide interested parties with information about this complicated and important issue.

Barinaga, M., Conflicts of Interest, Confusion on the Cutting Edge. *Science* 1992; 257:616-619

Blumenthal, D., Academic-Industry Relationships in the Life Sciences. *JAMA* 1992; 268:3344-3349

Djerassi, C., Basic Research, The Gray Zone. *Science* 1993; 261:972-973

Jackson, M. Guidelines for Dealing with Faculty Conflicts of Commitment and Conflicts of Interest in Research. Association of American Medical Colleges, 1990.

Kassirer, J. and Angell, M., Financial Conflicts of Interest in Biomedical Research. *NEJM* 1993; 329:570-571

Korn, D., Conflicts of Interest in Academic Health Centers. Association of Academic Health Centers, 1990.

Koshland, D., Conflict of Interest Policy. *Science* 1992; 257:595

Krimsky, S., Statement on University-Industry Relations, Conflict of Interest and Disclosure. *Testimony Before the House Subcommittee on Regulation, Business Opportunities and Technology* 1993

Marshall, E.. When Does Intellectual Passion Become Conflict of Interest? *Science* 1992; 257:620-623

Relman, A., Dealing with Conflicts of Interest. *NEJM* 1985; 313:749-751

Rothman, K., Conflict of Interest, The New McCarthyism in Science. *JAMA* 1993; 269:2782-2784

Thompson, D., Understanding Financial Conflicts of Interest. *NEJM* 1993; 329:573-576

#### **Section 10. EXAMPLES OF ACTIVITIES WHICH ARE NOT A CONFLICT OF INTEREST**

The following synopsis is presented as another educational resource to the UCHC research community. It is simply a set of different scenarios which have been gleaned from various institutional policies and publications about conflicts of interest in research. For purposes of this policy, the definition of conflict of interest is as stated in Section 3 above.

#### **ACTIVITIES WHICH ARE NOT CONFLICTS OF INTEREST**

- Receiving royalties for copyrights and patents obtained in accordance with University policy and State law.
- Receiving honoraria for giving seminars or guest lectures.
- Duty to professional organizations, peer review panels, publication boards, and accreditation bodies.
- Ownership<sup>iii</sup> of company where there is no relationship to University responsibilities.
- Ownership in a company where the only involvement with the University is paid consulting.
- Ownership of mutual funds which may invest in companies that support the investigator's research.

#### **Section 11. CHANGED UCHC STATEMENT OF COMMITMENTS AND PROPOSAL APPROVAL FORM**

1. Revise box which deals with COI.
2. Revise PI's sign-off indicating that all investigators have read the proposal, and have, if necessary, updated their COI forms. PI's sign off to read as follows (COI language in italics, current language in regular type):

I certify that all those involved in this proposal are aware of their participation and obligations, *including timely compliance with the Health Center's Conflict of Interest Policy*. I have read the invention and patent understanding, and section on consulting, on the reverse side of this form and agree to abide by the terms and conditions described therein. I agree to accept responsibility for providing appropriate training for myself and my staff on those risks which may be inherent in this project.

3. Revise chairman's sign-off, indicating that there is no COI for anyone involved in the project. Chairman's sign off to read as follows (COI language in italics, current language in regular type):

The work described in the attached proposal is consistent with the programs of this department(s). Requirements of space, personnel, utilities and other facilities are available, have been committed or will be provided by the grant or contract if awarded. The budget specifies all expenses that can be reasonably anticipated. *The investigators involved in this project have all completed a Conflict of Interest Financial Disclosure Form in compliance with the Health Center's COI Policy.*

4. Definition of COI for back of form.

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<sup>iii</sup> The term "ownership" is used interchangeably with "equity" throughout this section.

## **Policy E: Statement on AIDS and Universal Precautions**

### 1. Policy on Student's Responsibility in Caring for Patients with HIV Infection

Students at the University of Connecticut Health Center are expected to participate in the care of all patients to whom they are assigned whose condition is within their realm of competence. They shall not limit their involvement solely because the patient is or may be seropositive for Human Immunodeficiency Virus (HIV) infection or has been diagnosed as having AIDS Related Complex (ARC) or AIDS. Students are expected to obtain and utilize educational information to help them understand the ways in which infection is transmitted and methods they should employ to minimize their risk of acquisition. They should be familiar with the concepts involved in "universal precautions." The institution has a responsibility to provide its students with appropriate educational offerings concerning AIDS and a safe work environment.

### 2. Policy of Management of Patients with Known or Suspected HIV Infection

- a. Patients shall not be denied care solely on the basis of HIV status or the presence of ARC or AIDS.
- b. Physicians, staff and employees of the University of Connecticut Health Center have an obligation to provide competent, compassionate care to patients regardless of the patient's condition.
- c. Physicians, staff and employees shall not refuse to provide treatment or service for a patient whose condition is within his or her realm of competence, solely because the patient is seropositive for HIV infection or has been diagnosed as having ARC or AIDS.
- d. The University of Connecticut Health Center acknowledges its responsibility to take reasonable steps to protect the employees and staff by minimizing the risk of exposure to Human Immunodeficiency Virus (HIV) and endorses the concept of universal precautions as presented in the recommendations developed by the Centers for Disease Control and applied by the Infection Control Committee.

## **Policy F: Equal Educational Opportunity for Students With Disabilities**

The University of Connecticut Health Center Graduate School is committed to achieving equal educational opportunity and full participation for persons with disabilities. It is the UCHC Graduate School's policy that no qualified person be excluded from participating in any UCHC Graduate School program or activity, be denied the benefits of any UCHC Graduate School program or activity, or otherwise be subjected to discrimination with regard to any UCHC Graduate School program or activity. This policy derives from the UCHC Graduate School's commitment to non-discrimination for all persons in employment, access to facilities, student programs, activities, and services.

Assurance of equal education opportunity rests upon legal foundations established by federal law, specifically the Rehabilitation Act of 1973 including Section 504, and the Americans with Disabilities Act of 1990. By federal law, a person with a disability is any person who:

1. Has a physical or mental impairment,

2. Has a record of such impairment; or
3. Is regarded as having such an impairment which substantially limits one or more major life activities such as self-care, walking, seeing, hearing, speaking, breathing or learning.

The Health Center works with students in the development and implementation of reasonable accommodations to allow access to both physical facilities and educational programs. The Graduate School assists with reasonable accommodations and also provides assistance, if requested, in dealing with faculty, staff or students. It is the responsibility of a student to self-identify him/herself to the coordinator and request accommodations, if they are necessary.

Individuals seeking services should contact:

Manager, Office of Diversity Management and Equal Opportunity  
ADA Coordinator, Francine E. Dew  
Administrative Services Building, Third Floor  
MC5310  
(860)679-3563

Dr. Lawrence Klobutcher  
Associate Dean of the Graduate School  
Molecular, Microbial & Structural Biology  
MC3305  
(860)679-2816

### **Requests for Accommodations**

Requests for accommodations generally should be made two months before the start of school. Documentation is required before accommodations are made. The following accommodations may be arranged:

- Scheduling classes in accessible locations;
- Administering examinations under special conditions;
- Assistance with arrangements for tutors, or other assistants;
- Assistance in obtaining auxiliary aids; and
- Faculty orientation about a disability.

This is not an exhaustive list, and none of these accommodations are made unless requested and agreed to by the student and the Health Center.

## **Policy G. Statement on Prohibition of Sexual Harassment**

### **POLICY: PROHIBITION OF SEXUAL HARASSMENT**

The University of Connecticut Health Center is committed to maintaining a workplace, learning environment and clinical treatment center free of sexual harassment. The University of Connecticut Health Center prohibits sexual harassment of any person or persons who conduct business with and/or perform other services on behalf of the Health Center including but not limited to: employees, faculty, residents students, volunteers, outside vendors and contractors. This policy explains this prohibition. The University of Connecticut Health Center also complies with all applicable statutes relating to discrimination due to sexual harassment. The implementation of this policy requires the full compliance and cooperation of all employees, faculty, residents, students, volunteers, outside vendors and contractors in adherence to its principles.

Sexual harassment may involve the behavior of a person of either sex relative to a person of the opposite or same sex, and occurs when such behavior constitutes unwelcome sexual advances, requests for sexual favors, and other unwelcome verbal or physical behavior of a sexual nature where:

Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's education, employment or eligibility for clinical treatment or other Health Center services;

Submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions, or any other decisions affecting the individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of the Health Center;

Such conduct has the purpose or effect of substantially interfering with an individual's ability to work, study, receive clinical treatment and/or perform other services on behalf of the Health Center, academic or work performance, or creates an intimidating, hostile, offensive learning, working or clinical treatment environment.

Sexual harassment can encompass a wide range of inappropriate behavior, including, but not limited to: sexual remarks or innuendo, suggestive comments, sexually oriented remarks or jokes, physical contact or explicit sexual propositions.

### **CONSENSUAL RELATIONSHIPS AMONG FACULTY, ADMINISTRATIVE AND/OR STAFF SUPERVISORS AND STUDENTS/TRAINEES:**

For purposes of this policy consensual relationships are defined as dating and/or sexual relationships willingly undertaken by the parties.

For the purposes of this policy the designation of 'faculty' includes but is not limited to those persons employed by the University of Connecticut Health Center. Faculty serving the Health Center but not employed by the Health Center are also included in this policy.

A consensual relationship among faculty, administrative and/or staff supervisors and students/trainees can rise to the level of prohibited sexual harassment as well as raise concerns when inherent inequalities exist in the status and power of one individual over the other. This is especially so in relationships between faculty, administrative and/or staff supervisors and students or trainees. Such consensual relationships may adversely affect the student/trainee experience. No faculty, administrative and/or staff supervisors should enter into a consensual relationship with a student/trainee actually under that individual's authority. Situations of authority include, but are not limited to teaching, formal mentoring, supervision of research and employment of a

student as a research or teaching assistant; and exercising substantial responsibility for grades, honors, or degrees; and considering disciplinary action involving the student.

No faculty or administrative and/or staff supervisory member should accept authority over a student pursuant to this section with whom he or she has or has had a consensual relationship without written agreement to address the conflict with the appropriate dean, or dean designee. Specifically, the faculty or administrative and/or staff supervisory member should not, absent such a written agreement, allow the student to enroll for credit in a course which the faculty member is teaching or supervising; direct the student's independent study, thesis, or dissertation; employ the student as a teaching or research assistant; participate in decisions pertaining to a student's grades, honors, degrees' or consider disciplinary action involving the student.

Students and faculty alike should be aware that entering into a consensual relationship will limit the faculty, administrative and/or staff supervisor's ability to teach and mentor, direct work, employ and promote the career of a student involved with him or her in a consensual relationship, and that the relationship should be disclosed in any letter of recommendation the faculty/administrative and/or staff supervisory member may write on the student's behalf. Furthermore, should the faculty member be the only supervisor available in a particular area of study or research, the student may be compelled to avoid or change the special area of study or research.

If nevertheless a consensual relationship exists or develops between a faculty member and a student involving any situation of authority, that situation of authority must be terminated. Termination includes, but is not limited to, the student withdrawing from a course taught by the faculty member; transfer of the student to another course or section, or assumption of the position of authority by a qualified alternative faculty member or teaching assistant; the student selecting or being assigned to another academic advisor and/or thesis or dissertation advisor; and changing the supervisor of the student's teaching or research assistantship. In order for these changes to be made and ratified appropriately, the faculty must disclose the consensual relationship to his or her supervisor, normally the chair, division head or dean or dean's designee and reach an agreement for remediation. In case of failure to reach agreement, the supervisor shall terminate the situation of authority.

#### **RESOURCES**

The Office of Diversity and Equity is responsible for the implementation of this policy and acts as the primary resource for consultation. All Health Center members are encouraged to contact the Office of Diversity and Equity to seek guidance about the application and implementation of this policy.

#### **SCOPE**

Sexual harassment is unacceptable conduct and will not be tolerated or condoned. All employees, faculty residents, volunteers and students, as well as outside vendors and contractors shall be held responsible and accountable for maintaining an environment free from sexual harassment. Violations of this policy may result in disciplinary or other action which may include, but is not limited to, written warning, demotion, transfer, suspension, expulsion, dismissal, contract termination or other sanctions as are appropriate.

## PROCEDURE

Employees, faculty, students, residents, volunteers, outside vendors, contractors may seek information and/or file complaints directly through the Office of Diversity & Equity at (860) 679-3563 or contact their immediate supervisor. Employees may also notify the Human Resources Department or the Office of the Executive Vice President for Health Affairs about incidents of sexual harassment. The confidentiality of the reporting party (parties) will be observed provided it does not interfere with the institution's ability to investigate or take corrective action. Complaints of sexual harassment will be investigated promptly. The determination of the merit of a particular action will be made from the facts, on a case-by-case basis, looking at the totality of circumstances. Retaliation against any persons participating in the investigation is prohibited, and may result in disciplinary action which may include, but is not limited to, written warning, demotion, transfer, suspension, expulsion or dismissal.

Managers and supervisors must consult with the Office of Diversity & Equity on all complaints alleging sexual harassment and/or when aware of behavior prohibited by this policy. The Office of Diversity and Equity will work with the Human Resources Department if disciplinary action is necessary. This policy must be posted in all common and visible locations and is available on the agency's policy web page. Each employee is expected to review this policy and be familiar with it.

## Policy H. Statement on Racism and Acts of Intolerance

### Policy Statement:

The University of Connecticut Health Center affirms its dedication to foster a community that condemns all forms of racist expression or acts of intolerance including sexual harassment and intimidation. The UCHC is committed to achieving a community comfortable with pluralism and free from all forms of group-linked hostility. All employees, faculty and students, as well as outside vendors and contractors, shall be held responsible and accountable for maintaining an environment free from sexual harassment.

### Procedure/Keypoints:

- An act of intolerance is any form of abusive behavior directed toward an individual or group because of race, ethnicity, ancestry, national origin, religion, genetic information, gender, sexual orientation, age, physical, learning or mental disability.
- To achieve this goal, the University of Connecticut Health Center will:
  - a) Establish educational programs designed to enlighten our faculty, administrators, staff and students with regard to diversity of sensibilities that exist here.
  - b) Employ various media to inform the community of our commitment to an atmosphere that encourages diversity and discourages intolerance.
  - c) Hold deans, directors, and department heads responsible for informing their constituencies of this policy.
- An Affirmative Action grievance procedure exists to ensure that appropriate authorities receive, investigate and resolve complaints. This procedure may be used to adjudicate accusation of intolerant acts. The Office of Diversity Programs is responsible for managing this procedure. Complaints can be directed to Francine Dew, Manager, Office of Diversity Programs, at (860) 670-3563.

### Reference:

Office of Diversity Management

## Policy I: Statement on Social Events and Alcohol Use

### 1. Social Events

In order to use UCHC facilities, a request for authorization from the Office of Student Affairs must be made at least two weeks prior to the event by obtaining, completing and returning a *Social Event Request Form*. At any event where liquor and money (admission cost/sale of drinks, etc.) are in combination, there must be a temporary liquor permit. Details on the permit may be obtained from the Office of Student Affairs.

### 2. UCHC Policy on Serving Alcoholic Beverages

Student initiated activities involving fewer than twenty-five students must be approved in advance by the Associate Dean of Student Affairs.

Student initiated activities involving more than twenty-five students must meet the following criteria: (1) Approval obtained from the Office of Student Affairs. It is the responsibility of the Office of Student Affairs to notify the Department of Public Safety. (2) Identification cards must be checked. (3) Alcoholic beverages must be dispensed by an individual who has approved server intervention training. Unattended kegs are prohibited. (4) A "safe ride" program must be available.

The following responsibilities are to be assumed in serving alcoholic beverages at UCHC: (1) No person under twenty-one years of age may be served alcoholic beverages. (2) Alcoholic beverages must be limited to beer and wine. Food must be offered. Only beverages served by the sponsor are to be consumed. (3) Controlled access and monitoring of the consumption of alcoholic beverages must occur. (4) Attractive non-alcoholic beverage alternatives should be offered (e.g., a choice of juices, sodas). (5) The departure of guests must be monitored. No person should be allowed to leave an activity with a drink or allowed to drive an automobile if she/he appears intoxicated. Health Center Police are to be notified if there are any problems. (6) All events in which alcoholic beverages are served must be scheduled after 4:30 pm. Exceptions to this policy must be approved by the Vice President and Executive Director. (7) A liquor permit, if legally required, must be obtained from the State Liquor Control Commission. A copy of the legal requirements for this permit is on file in the Student Affairs Office.

## Policy J: Workplace Violence

### INTRODUCTION:

On August 4, 1999, the Governor of the State of Connecticut issued an executive order articulating zero tolerance for violence in the workplace. Workplace Violence is defined as: "Any physical assault, threatening behavior, or verbal abuse occurring in the work setting. It includes, but is not limited to, beatings, stabbings, suicides, rapes, near suicides, psychological traumas, such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn, or shouted at." The University of Connecticut Health Center (UCHC) is mandated to fully comply with the Governor's policy. All UCHC employees (faculty and staff), students, volunteers or others who are allowed to work on our premises, at satellite locations or off-site events under UCHC auspices or in state vehicles under the control of the UCHC are bound by this policy. The entire Governor's policy and related definitions are accessible via the following links:

The executive order: <http://www.opm.state.ct.us/olr/wpv/exc16.pdf>

The Workplace Violence Prevention Manual:  
<http://www.opm.state.ct.us/olr/wpv/manual.pdf>

**POLICY STATEMENT:**

The prevention of workplace violence is everyone's responsibility. Each of us should commit ourselves to creating and maintaining an atmosphere of mutual respect and cooperation. Individuals who make threats or commit acts of violence will be subject to appropriate disciplinary action up to and including dismissal as well as criminal prosecution if indicated. The University Of Connecticut Health Center takes any act of violence very seriously. Any act or incident that fits the definition of workplace violence outlined in this policy which occurs on the Health Center campus or off-site locations under UCHC auspices or creates a risk to anyone at these sites must be reported immediately.

Workplace Violence Policy  
Policy #2004-07 (11/15/04)

**PROCEDURES/KEY POINTS/REPORTING PROCEDURE:**

**All violent incidents will be reported as described below:**

**EMERGENCY: DIAL 7777 (Police-Fire-EMS)–DIAL 911 for off-site locations** to report violent acts or threats in progress or that have just occurred or are imminent. The police will respond in numbers as quickly as possible.

**URGENT: DIAL 2121 (Police)** to report recent or impending situations which are not in progress. Police will respond promptly.

**OTHER:** Complete the VIOLENT INCIDENT REPORT FORM (see attached). Give a copy to your supervisor and forward or bring it to the Police Department. It will be evaluated by the Officer in Charge; appropriate actions will be taken immediately and brought to Public Safety Administration (assures 24-hour oversight). All witnesses or victims of a violent incident will complete the VIOLENT INCIDENT REPORT FORM (see attached). The form is available in the Public Safety Shared Folder or by calling ext. 2511 for a copy. All supervisors, employees, students, faculty, volunteers, vendors, contractors and visitors are bound by this policy. All UCHC faculty, managers, the Employee Health Advisory Committee, the UConn Health System Safety Committee, the Institutional Safety Committee and the Labor Management Health and Safety Committee are urged to provide information and support to assure maximum reporting of violent incidents. Any and all infractions of this policy will be subject to the Workplace Violence Policy incident review, intervention and disciplinary process.

**THREAT ASSESSMENT:** Any employee, student, patient, visitor, vendor or contractor who fears for their personal safety or for the safety of other persons or property, should contact the University of Connecticut Health Center Police Department at Ext. 2121, (EMERGENCY X-7777 IF INDICATED or 911 for off-site locations). Beyond the use of the police for urgent matters, there shall be a Threat Assessment Team comprised of representatives of Human Resources, Employee Assistance, Public Safety, Risk Management and Health Center Administration.

**Team Members:**

Human Resources – Director of Labor Relations  
Alternate: Director of Labor Relations Designee  
Employee Assistance Program – Program Manager  
Alternate: EAP Counselor  
Public Safety – Director of Public Safety  
Alternate: Police Captain  
Risk Manager – Department Manager  
Health Center Administration – Executive Vice President’s Designee.

All **confirmed** reports of violence or perceived threats of violence will be referred to the Threat Assessment Team for triage and appropriate intervention. The team will be both proactive and reactive with the emphasis on preventing acts of violence. Any member of the Health Center community may consult with a member of the Threat Assessment Team. The team member shall, as necessary, consult with the rest of the team, evaluate

**Workplace Violence Policy**  
**Policy #2004-07 (11/15/04)**

The information regarding any threat and as a group, the team shall recommend appropriate remedial or preventive actions. As individuals, team members will be resources to the Health Center community on matters relating to workplace violence.

**INTERVENTIONS:**

Emergency interventions will be handled by the police department and others as appropriate. The immediate follow up to a violent incident may include an immediate debriefing, an Employee Assistance Program or Human Resources or Public Safety consult, close monitoring or suggested immediate actions. When necessary, the immediate dispatch of support services such as critical incident stress teams or counseling services may be initiated. A prompt response to serious violent incidents has been shown to reduce lost time from work and other negative affects of witnessing or being victimized by violence.

**WORKSITE ANALYSIS:**

The Health Center will continue to undertake work site analysis utilizing employee injury reports, police reports and data from UCHS Incident Reports as well as Violent Incident reports. As appropriate, physical surveys of various components of the institution will be undertaken as well as an assessment of any reports of threatening behavior. Responsible deans or senior administrators will be apprised of any concerns and consulted on appropriate responses. Recommendations to reduce the potential for violence and to improve safety will be forwarded through the Public Safety Office to the Executive Vice President and the responsible dean or senior administrator.

**HAZARD PREVENTION AND CONTROL:**

Currently, the UCHC responds promptly to situations where there has been violence or where the threat of violence exists. The Health Center Police Department, Human Resources, Employee Health and the Employee Assistance Program play key roles in the response to and the mitigation of violence or the threat of violence. Department supervisors are encouraged to report concerns before violence occurs so that interventions can take place. Under this program, policy changes, procedural changes or physical improvements which would reduce the risk of violence will be considered. Examples in this area would be the installation of access control devices or the issuance of panic devices to workers working alone in isolated locations.

**EDUCATION AND TRAINING:**

All employees will be apprised of the UCHC policy regarding workplace violence and the resources available to respond to their concerns. Special training in violence prevention/avoidance will be provided to individuals or units which, due to the nature of their work, have a greater exposure to violence. Students will receive the information at orientation and in their student manuals. Through existing orientations, Newline articles and contacts with vendors and contractors, the widest possible distribution will be undertaken. Brown bag luncheons and Grand Rounds will be offered on a regular basis to promote workplace violence prevention and

to educate staff on institutional policies and resources. Supervisors are encouraged to release their employees for one of these informational sessions.

**Workplace Violence Policy**  
**Policy #2004-07 (11/15/04)**

**RECORD KEEPING:**

The completed VIOLENT INCIDENT REPORT FORM (see attached) will be maintained in Public Safety Administration with copies provided to the Office of Environmental Health and Safety for OSHA reporting purposes. A record of all educational activities, interventions and improvements will be maintained as well.

**EVALUATION:**

The Threat Assessment Team will conduct an annual review of all Violent Incident Reports, Police Incident Reports, Employee Injury Reports and UCHS Incident Reports in order to assure that violent incidents are being reported and that appropriate resources are available to respond. The team will submit a report to the Executive Vice President which includes trends and recommends any changes to the policy. A summary of the report will be included in the Uniform Campus Crime Report published by Public Safety Division in September of each academic year

## **Policy K: Computing Policies, Procedures and Standards**

### **I. Introduction**

The Information Technology Department (ITD) in conjunction with a special subcommittee of the Computer Users Advisory Committee has developed the following guidelines in order to foster a safe and productive computing environment that supports the mission of the University of Connecticut Health Center (UCHC). This document represents our best efforts to establish guidelines and protocols for the use of computing resources here at the Health Center. Great care was taken to establish a fairly minimal set of regulations that would not be viewed as unnecessarily proscriptive. It should be clearly recognized that as employees of the University of Connecticut Health Center we are bound by the policies of the University of Connecticut and statutes of the State of Connecticut. There are various University and State policies that govern the use of computing technology and all faculty and staff are encouraged to obtain and read them.

### **II. Applicability**

This policy is applicable to all UCHC faculty, staff, and students and to all other individuals to whom use of UCHC computing resources is granted. The policy applies to all computing and networking facilities owned, leased, operated, or contracted by UCHC including, but not limited to, word-processing equipment, personal computers, workstations, mainframes, and their associated peripherals and software.

### **III. Privacy/Confidentiality**

The operating principle of the UCHC is that information stored on computers, electronic mail, information passing over the UCHC network, and information stored in user accounts are afforded the same level of confidentiality as paper documents stored in conventional files, unless the user intentionally makes that information available to other groups or individuals.

The trapping and monitoring of network based traffic are considered to be in direct conflict with the academic and patient care missions of the University. Thus, it should be understood that network “sniffing” or other attempts to access secured information on the campus network is strictly forbidden. Although various types of information must be accessed by system personnel for the purpose of backups, network management, and similar support functions, the content of user-files and network transmissions will not be viewed, monitored, or altered, or disclosed without the express permission of the user except in the following circumstances:

1. UCHC has reason to believe that an account or system has been breached and is being used by someone other than the authorized user.
2. UCHC has received a complaint that an account or system is being used to gain unauthorized access or to attempt to gain unauthorized access to another network site.
3. UCHC has reason to believe that an account or system is being used in violation of University Policy, Federal or State Law.
4. UCHC has a legitimate mission-related need for information and there exists no practical method to notify the user.

Currently, there are three methods by which the content of and/or specific logs of user-files and information can be accessed without the specific permission of the user. The first is by court order. The second is via requests made under the Freedom of Information Act. For both of these methods, the specific policies and procedures currently in place, which apply to written documents, also apply to electronic media. The third

method pertains to requests for disclosures generated within the UCHC. Such requests require the submission of a completed “Application for Obtaining Password Protected Information in Electronic Communications and/or Databases” to IT or to the appropriate internal service provider. Except when inappropriate (e.g., compromise of a criminal investigation), computer users will receive prior notice of any disclosures.

Users are cautioned that levels of security among *non-IT Department systems* within UCHC may vary. For example, some operating systems allow all users access to current logs of e-mail traffic on those systems. Users of such systems are encouraged to ask their system administrators about the specifics of the types and levels of security provided. Still, it is the case that access to restricted or secured information on non-ITD systems will require the submission of a completed “Application for Obtaining Password Protected Information in Electronic Communications and/or Databases” form to the system’s administrator.

***Caution should be exercised when storing or transmitting information because the confidentiality of electronic media cannot be guaranteed. Currently, the policy of the State of Connecticut is not to regard network transmissions and information generated and stored via state-operated facilities as confidential or private. Finally, users should be aware that BBN Planet, the commercial Internet services provider for the UCHC may, in fact, monitor any and all network traffic leaving and entering the facility.***

**Special statement regarding confidentiality/security of patient information:**

Pending publication of a comprehensive policy on patient information, the following policy applies:

The transmission of confidential patient information via electronic mail is allowed only within secured e-mail systems. For systems maintained by IT, the NSO MS-Mail system is the only vehicle with adequate security (including encryption) to allow the transmission of confidential patient information. Users of the NSO MS-mail system are allowed to transmit confidential patient information to other NSO MS-mail users only. Confidential patient information must not be sent to outside (SMTP) addresses. Insecure (SMTP) addresses appear in all capital letters followed by [SMTP] in the NSO MS-mail global address list.

**IV. General Usage Policy**

The UCHC encourages individuals to utilize electronic media in a responsible fashion. Users must respect the rights of other users, respect the integrity of the systems and related physical resources, and observe all relevant laws, regulations, and contractual obligations.

**A. Violations of UCHC policy**

Violations of the usage policy fall into three broad categories that involve the use of UCHC electronic resources to:

***1. Harass, threaten, or otherwise cause harm to specific or groups of individuals***

For example:

- Sending an individual repeated and unwanted (harassing) e-mail or using e-mail to threaten or stalk someone
- Displaying obscene, lewd, or pornographic images or text on a public computer facility and/or in plain sight

***2. Impede, interfere with, impair, violate the rights, or otherwise cause harm to the activities of others***

For example:

- Accessing, or attempting to access, another individual's data or information without proper authorization (e.g. using another's ID and password to look at their personal information)
- Tapping phone or network lines (e.g., running network “sniffers” without authorization)
- Preventing others from accessing services
- Sending forged messages under someone else's ID (e.g., sending hoax messages, even if intended to be a joke)
- Unauthorized access to data or files even if they are not securely protected (e.g., breaking into a system by taking advantage of security holes)

**3. *Download or post to University computers, or transport across University networks, material that is illegal, proprietary, in violation of University contracts, or otherwise is damaging to the institution and/or its resources.***

For example:

- Releasing a virus, worm or other program that damages or otherwise harms a system or network
- Making more copies of licensed software than the license allows (i.e. software piracy)
- Posting a University site-licensed program to a public bulletin board
- Sending a crippling number of files across the network. All broadcast messages (e-mail and voice mail) must be coordinated via the Office of Communications to reduce traffic and better target intended audiences.
- Using University resources for unauthorized purposes (e.g. using personal computers connected to the campus network to set up web servers for illegal, commercial or profit-making purposes).
- Distributing child pornography via the web
- Unauthorized use of University resources (e.g. using someone’s access to a system or borrowing their ID and password to access a system)
- Knowingly or carelessly performing an act that will interfere with the normal operation of computer terminals, peripherals, or networks
- Knowingly or carelessly running or installing on any computer system or network, or giving to another user a program intended to damage or to place excessive load on a computer system or network
- Deliberately wasting/overloading computing resources, such as printing too many copies of a document
- Initiating or propagating electronic chain letters. Inappropriate mass mailing. This includes multiple mailings to newsgroups, mailing lists, or individuals, e.g., "spamming," "flooding," or "bombing."

- Prolonged and/or continuous access to streaming media (e.g., RealAudio) for purposes not directly related to the missions of the UCHC

## **B. Examples of activities that are not violations of UCHC policy**

- **Unsolicited e-mail or “junk” e-mail**

The amount of unwanted or unsolicited e-mail (“junk” mail) has been increasing as more people join the Internet community. This form of speech is usually protected under the first amendment, even though some individuals may judge some of the content objectionable. UCHC does not monitor or censor e-mail and therefore cannot prevent the flow of junk e-mail. When you receive ordinary junk e-mail, you may be tempted to retaliate by flooding the sender with numerous or large e-mail messages in an attempt to disrupt their site (also known as “mail bombing”). However, mail bombing constitutes a violation of the University policy. This is because, more often than not, mail bombing will result in straining UCHC resources resulting in a disruption of access to service for a large number of users

Many people have asked why the UCHC does not put a stop to junk mail. Most junk e-mail comes from sites beyond our facility. No control is exercised over what these sites send. Thus, unwanted mail cannot, *a priori*, be distinguished from e-mail that is desired. Unwanted e-mail must be prevented at its source. If junk e-mail becomes illegal, it will then become a violation of UCHC policy as well because any illegal activity constitutes a violation of policy.

The University Administration routinely distributes e-mail messages to its employees and users its of computing resources. The IT Department has attempted to ensure that the technical capability exists to transmit messages to as many groups as possible. Mechanisms have been established to screen broadcast messages to ensure they will be of value and that they target the proper audience. None of these mechanisms are perfect and, undoubtedly, users will occasionally receive broadcast messages that they deem irrelevant.

- **Breaches of network etiquette**

UCHC is not in a position to control network etiquette (“netiquette”). Off-topic postings to lists and news groups, advertising by posting the same message to numerous lists (also known as “spamming”), rude or impolite behavior, heated arguments (“flame wars”), and some forms of hate speech will often annoy others. The Internet spans the globe as well as numerous diverse cultures and societies. What is acceptable in one may be totally inappropriate in another. Keep in mind that it is easy to misunderstand electronic communications due to the lack of personal contact involved.

In some cases, rude behavior can cause disruptions. As stated above, any behavior that interferes with the ability of others to access or use a system is a violation of UCHC policy.

## **V. Enforcement**

**Suspected violations of the UCHC policy should be reported to the Chief Information Officer and will be investigated according to procedures defined by the University and State of Connecticut. Extreme incidents (e.g., felonies, destruction of property) may be turned over to local and/or federal law enforcement agencies, as appropriate.**

**Standards of Operation**

**I. Desktop Computing Policies**

**Standard Network Desktop**

- The term “Standard Network Desktop” refers to a specific set of desktop software configured, sold, and supported by the Network Services Organization (NSO) of the Information Technology Department.
- Standard Network Desktop software can be installed on PC’s/Mac’s not owned by UCHC given it is to be used for UCHC mission related purposes only. Departments making such requests must provide a signed “use at home” letter of justification along with the work order to the NSO (available via the WWW or MS-Mail shared folders). Any associated costs must be funded from UCHC sources (via FRS coding).
- If users wish to receive e-mail on their personally owned PC's, they or their department must purchase the appropriate software. For Standard Network Desktop users, the purchase of MS-mail Remote for Windows is required (available from the NSO via work order for \$50). Users must also have existing MS-Mail accounts.

**II. WWW/Internet Policies**

***A. UCHC Web***

- The UCHC Webmaster in coordination with the Office of Communications maintains the UCHC Main and first level pages.
- Requests for links to the UCHC Web should be made in writing or via e-mail to the UCHC Webmaster. Requests must include/comply with the requirements below:
  1. The URL of the page being added
  2. The text description for the link anchor to appear on the UCHC main pages
  3. Primary technical contact
  4. Pages must contain contacts responsible for content questions

***B. Confidentiality/Security of Patient Information***

The Information Technology Department recommends that Web-site owners and users follow the following guidelines with respect to displaying clinically related information via the World Wide Web:

- The owners of the servers and/or data be responsible for training.
- Access to Web pages that contain confidential patient information should be password protected.
- Security Administration policies for password assignment should be consistent with UCHS standards. These include:
  1. A security administrator be responsible for assigning and tracking of usernames/passwords.
  2. No common or shared usernames should be used.
  3. Periodical password changes should be required (not to exceed 6 months).
  4. Breaking detection auditing should be enabled.
  5. Auditing of breaking detection reports should be done periodically (weekly).
- Users should sign the UCHS confidentiality statement.

- Access to Web pages that contain clinical information should be filtered at the UCHC Internet gateway unless the market benefits of such access outweigh the increased security risks. If public Internet access to those pages is deemed necessary, the following additional security measures are recommended:
  1. No DNS name translation entry should exist for the WWW Server.
  2. Clients should be registered and authorized via their physical IP address in addition to their username/password.

### **III. Network Policies**

#### **A. Access**

- Dial-in access to UCHC-Net (either via ITD or individual department supported services) are to be password protected. Service providers are to keep records of authorizations granted.
- Extension of UCHC-Net to outside agencies or groups not fully owned or operated by UCHC is forbidden (i.e., providing dedicated network connections to area schools, etc.).

*The following excerpt from our Internet Service provider's (BBN Planet's) Internet Access Acceptable Use Policy relates to this restriction: Unless otherwise authorized in writing by BBN Planet, Customer (a) shall limit access to and use of the IA Service to its employees (and in the case of a Customer which is a non-profit educational institution to employees and students), and (b) shall not resell access to the IA Service to third parties*

- The use of network resources by individuals not associated with the mission of UCHC is forbidden.

#### **B. UCHC Network Standards**

- UCHC Backbone is full counter-rotating FDDI Ring (100Mb/s)
- User network connections are 10Base-T ethernet (10Mb/s)
- Newly installed station cabling is level 5 twisted pair.
- Network connections to UCHC-Net are to be one device per 10Base-T connection (no daisy chaining of connections will be allowed on 10Base-T connections).
- Departmental networks must be bridged to UCHC-Net.
- Users requesting a network connection only must provide ITD with the information required on the "NSO Port Activation Request" form before a TCP/IP address will be assigned and the network port activated.
- Departmental networks must register their TCP/IP number assignments with ITD.
- As of this writing ITD will disable all unused network connections. However, ITD is working on a plan that will allow open ports to remain active while ensuring the stability and security of the network.
- Allowable protocols on UCHC-Net are:
  1. TCP/IP

2. AppleTalk
3. DecNet
4. LAT
5. Netbeui
6. Dec LAVC

#### **IV. E-Mail Policy**

##### ***A. Broadcast Message Policy***

- Users wishing to transmit “Broadcast Messages” (messages sent to pre-defined groups of NSO MS-Mail e-mail users) must coordinate the transmission of such messages through the department of Communications.

##### ***B. Auditing/Security***

- UCHC E-mail service providers will use reasonable measures to ensure their users have UCHC mission related affiliations.
- The Information Technology Department will supply traffic logs of outgoing SMTP/Internet messages from its NSO MS-Mail system only upon submission of a completed “Application for Obtaining Password Protected Information in Electronic Communications and/or Databases” form as detailed in section III of “Policy and Procedures”.
- Requests to change passwords on accounts will only be authorized upon presentation of positive identification (UCHC Badge).
- Requests by managers to access an employee’s e-mail account for the purpose of accessing vital information requires the submission of a completed “Application for Obtaining Password Protected Information in Electronic Communications and/or Databases” form (see section III of Policy and Procedures)

##### ***C. Standards***

- The standard UCHC e-mail protocol is Simple Mail Transfer Protocol (SMTP).
- The standard SMTP binary attachment protocol is Uuencode.
- The common directory for publication of e-mail addresses is the SQL Telecommunications directory (accessible via the WWW at <http://uchkdir.uchc.edu>). Users are responsible for publication and maintenance of their preferred e-mail address (updates accessible via the WWW). ITD will maintain e-mail addresses for users with accounts on their e-mail servers (IDX, SUN and NSO MS-Mail servers).

This application is to be made only in case of a justifiable need and requires all signatures.

**APPLICATION FOR OBTAINING PASSWORD PROTECTED INFORMATION IN ELECTRONIC COMMUNICATIONS AND/OR DATABASES**

In order to obtain information from password protected electronic storage media of the University of Connecticut Health Center, this form must be completed and signed in sequence before submission to the Department of Information Technology for breach of password protection.

Name of computer user.....Title.....

Name of requester.....Title.....

What is the organizational relationship of the requester to the computer user?

.....

**Nature of the request:**

A traffic log of e-mail transactions only?.....

Traffic log and the contents of any message(s).....

A database of any description? .....

Is the requested information: of a personal nature?..... research related?.....

teaching related?.....

patient related?.....

a personnel matter?..... other?.....(explain)

.....

**Access to the following stored information is requested:**

Description of information requested.....

.....

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Describe in detail the efforts made by the applicant to obtain the information from the computer user. Give dates of any attempt(s) and the result(s).

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Justify in detail the need to access the referenced secured information. (Append any documentation available to aid in judging the validity of this request.)

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**SIGNATURES:**

Computer user's immediate superior..... Title ..... Date .....

Department Head..... Date .....

Dean of Medical School or Dental School or Hospital Director (as applicable)

..... Date .....

Chancellor..... Date .....

## **POLICY L: Impaired Student**

### **Impaired Student**<sup>iv</sup>

The University of Connecticut Health Center provides programs and services to students in the Schools of Medicine, Dental Medicine and the Graduate School who have psychological or substance use problems that may result in actions or behaviors that are dangerous to the student, their colleagues, and the patients they interact with, or impair their ability to carry out their academic responsibilities.

#### **A. Voluntary Confidential Assistance**

Students who identify themselves as suffering from psychological illness may seek voluntary confidential counseling through the Student Mental Health Program. Students who identify themselves as having a substance use problem may seek voluntary confidential counseling through the CHIPS (Confidential Help for Impaired Professional Students) program (see attachment).

The Student Mental Health Program provides evaluation, crisis intervention and short-term therapy, and will refer the student to appropriate clinicians when medication may be required, or when long-term counseling is necessary. The student's record of care through the Student Mental Health Program is kept confidential.

The CHIPS program provides education and increased awareness of substance abuse, evaluation and treatment of students with alcohol or drug use problems, and on-going support and follow-up. The records of students who voluntarily use the CHIPS, and who comply with and successfully complete the treatment program are kept confidential.

#### **B. Referred Confidential Assistance**

Students may be referred to the Student Mental Health and CHIPS programs by faculty, staff, peers or family. When a student is referred to either program, the referring individual must indicate the reasons for that referral. The records of care of students referred to these program are kept confidential, provided they comply with and successfully complete the treatment program.

#### **C. Mandated Confidential Assistance**

School officials<sup>v</sup> may mandate that a student undergo evaluation and treatment for psychological illness or substance use problems.

##### **1. Mental Impairment**

If a student is observed to be unable to perform their academic duties, or is a danger to himself/herself, patients, staff or colleagues, he/she may be removed from class/rotations and required to undergo

<sup>iv</sup> The University of Connecticut Health Center Policy entitled "Drug Free Workplace and Alcohol Abuse Policy" applies to all Health Center employees as well as to students.

<sup>v</sup> School of Medicine: The Associate Dean for Student Affairs, the Dean for Academic Affairs and Education, or the Academic Advancement Committee (AAC)

School of Dental Medicine: The Associate Dean for Student Affairs, the Associate Dean for Academic Affairs, or the Academic Performance Committees (APCs)

Graduate School: The Associate Dean of the Graduate School

evaluation by appropriate professionals (e.g., Student Mental Health Program). The student will not be allowed to return to class/rotation until cleared to do so by the professional, and will be required to participate in any prescribed long-term monitoring. Costs associated with these services are covered by the Student Health Plan.

Physician-patient confidentiality regarding clinical diagnosis and treatment will be maintained in mandated counseling and therapy. In order to return to class/rotation the student must sign a release to allow the therapist to share the following information with the appropriate school official.

- The date when the student may return to class/rotation.
- Any restrictions that may be required for participation in class/rotation.
- The need for on-going monitoring or treatment (*note*: The nature of the ongoing monitoring or treatment does not need to be reported. However, participation of the student in the monitoring and treatment program must be documented and reported).

The records of care of students who have been mandated by school officials to undergo evaluation and treatment will be kept in a confidential file, separate from the student's academic file.

## 2. Substance Abuse

Students suspected of, or found to be impaired due to substance abuse must participate in the CHIPS program (see attachment). Students who self-refer or are reported to CHIPS are typically sent for an assessment by an evaluator outside the Health Center. The evaluator submits a report and recommendations to the CHIPS Council. Based on that report, the CHIPS Council decides on a course of action that the student is expected to follow. If the student is removed from class/rotation, they will not be allowed to return to class/rotation until cleared to do so by the CHIPS program, and will be required to participate in any prescribed long-term monitoring. Costs associated with these services are covered by the Student Health Plan.

Physician-patient confidentiality regarding participation in the CHIPS program will be maintained in mandated counseling and therapy. In order to return to class/rotation the student must sign a release to allow the CHIPS program to share the following information with the appropriate school official.

- The date when the student may return to class/rotation.
- Any restrictions that may be required for participation in class/rotation.
- The need for on-going monitoring or treatment (*note*: The nature of the on-going monitoring or treatment does not need to be reported. However, participation of the student in the monitoring and treatment program must be document and reported).

The records of care of students who have been mandated by school officials to undergo evaluation and treatment will be kept in a confidential file, separate from the student's academic file.

## D. Failure of Treatment

If a student refuses evaluation or treatment for psychological illness or substance use problems, or fails to follow through appropriately on the recommended course of action, as determined by the CHIPS Council, after a warning to the student, the CHIPS Council will turn the matter over to the Dean of Students of the appropriate school. Similarly, if the student demonstrates non-compliance with the treatment plan, or if treatment will not likely lead to functional recovery, the Dean of Students of the appropriate school will be

informed<sup>vi</sup>. Students so reported may be placed on a Leave of Absence, or dismissed from the school.

### **E. Appeal Process**

When a student is required to undergo evaluation and treatment for psychological illness or substance use problems by a school official (see Section C), he/she shall have the right to appeal such action. Appeals will be heard by the Student Evaluation and Appeals Review Committee (SEARC). The process for initiating an appeal to the SEARC is outlined in “Student Appeals” section of the Student Handbook (see Section VII.C.).

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<sup>vi</sup> Determination of compliance to the treatment plan or if treatment will not likely result in functional recovery is made by the mental health professional (psychological illness), or the CHIPS Council (substance use problems).



## **Confidential Help for Impaired Professional Students**

### **What is CHIPS?**

The CHIPS (Confidential Help for Impaired Professional Students) Program is a resource available to all students to provide the following:

- Education and increased awareness of substance abuse
- Evaluation and treatment of persons having problems with alcohol or other drugs
- On-going support and follow-up
- Advocacy for continuing professional education without stigma or penalty

### **Why the CHIPS Program?**

Impairment among healthcare professionals can be a significant problem. While we all have problems of a personal nature from time to time, sometimes outside help may be needed. For example, unhealthy coping responses could show themselves in impaired performance, failing grades, or interpersonal conflicts, to mention a few.

### **A Few Words About Impairment...**

Sometimes students use alcohol or drugs to cope with the stresses of professional school. The impaired student is one whose drinking or drug use interferes with his or her ability to function according to accepted academic, professional or social standards.

### **How Do You Use CHIPS?**

Self referrals are encouraged. Usually, the impaired student will not voluntarily seek help but the impairment may be observed by a classmate, faculty member and or a friend. The reporting individual will relate the details of the situation to a CHIPS Council member. This CHIPS Council representative will review the situation and bring it to the entire Council to determine the best plan of action. The identity of the student will remain anonymous to the Council.

### **What is the Cost of CHIPS?**

There is no cost to you for the CHIPS program. If you are referred for services such as individual therapy or a treatment program, the cost may be covered by your student health insurance plan.

### **How Does CHIPS Work?**

The early intervention process of CHIPS begins with a meeting with a representative of the Council to assess, in a helpful and supportive way, the concern of possible impairment. The meeting will be conducted with one student representative and one faculty representative from the CHIPS Council. The purpose of the meeting is to discuss the concern that a

problem may exist, to express a commitment to help, and to explain the evaluation and treatment resources available.

A referral is usually made for an assessment of the problem. If treatment is recommended, the student will be provided with several options. The assessment and treatment are provided outside the UConn Health Center, and most options are covered by the student health plan. Throughout the process, CHIPS will provide support and advocacy as needed.

**The CHIPS Program is Confidential**

The success of the CHIPS Program is based on student trust and a belief that confidentiality is of the utmost importance. CHIPS is designed to protect both the impaired student and those students who report an impaired colleague. Typically, only two CHIPS Council representatives will know the identity of the person who enters the program. All efforts will be made to assure that a person in the program will not have their education and career opportunities adversely affected. When studies have been interrupted, the CHIPS Program will assist the student in making arrangements for resuming and completing his or her education.

Through the CHIPS Program we can fulfill our duty to protect patients and others, while still compassionately caring for the well-being of our colleagues.

**Failure of Treatment**

Only if the student refuses treatment, has demonstrated poor compliance, or it does not appear that the treatment will lead to full recovery, will the Council inform the appropriate Dean of Student Affairs regarding the student's situation. In those instances evaluation and final disposition is a judgment which resides with the Dean of the respective school, to be made in accordance with existing policies and procedures.

**Web-site**

Check out the CHIPS website. It can be found under 'organizations' on the School of Medicine home page.

**M. Conduct and Compliance Policies**

University of Connecticut Health Center Conduct and Compliance Policies can be accessed via the following websites:

- <http://www.policies.uchc.edu/policies/UCHCCONDUCTandComplianceWEB.pdf> or
- or -
- <http://www.policies.uchc.edu/>
- or-
- the **Human Resources** website under Policies, Procedures, Forms:  
<http://employ.uchc.edu/ppf/index.html>.

## **N. Policy Statement Concerning Graduate Assistant Maternity Benefits**

**Period of Leave.** Any female graduate assistant who needs maternity leave will be granted a period equivalent to that afforded to faculty. During this leave she will continue to receive her assistantship stipend at the same appointment level. Currently the leave period is 6 weeks following natural childbirth and 8 weeks following childbirth by caesarian section. Further, her stipend support will be maintained during medically necessary leave prior to delivery upon receipt of a written order from her physician.

**Additional Leave.** Following this period of time, the student will have to return to her duties or take unpaid personal leave. Note: while faculty and staff have the option of using accrued vacation or leave time through the FMLA, graduate assistants do not, since they do not accrue vacation time and are not eligible for FMLA based leave.

**Adjustment of Workload.** If the student wishes to reduce her hours of appointment and her stipend following the maternity leave period to spend more time with her child, that outcome will be negotiated in good faith between her supervisor and herself. For example, a unit may be willing to reduce a 20 hour GA to 10 hours (the minimum to maintain health coverage) or to change her duties to provide further accommodation once the maternity leave period has been completed.

**Flexibility of Work Hours.** Another suggested best practice that can be followed under the right circumstances is that of banking extra hours in anticipation of extended leave. Under this scenario, a student may arrange to work more hours early in her pregnancy so that she may be able to have more time following the permitted medical leave period with no reduction in her stipend. This will be worked out with her supervisor and a memorandum of understanding filed with the appropriate offices. If the graduate student's duties involve teaching, another appropriate arrangement is to share teaching duties with one or more other teaching assistants. Under this scenario the pregnant student would teach extra hours for those other students early in her pregnancy. The other students would then cover the pregnant student's duties following her delivery and permitted maternity leave. In this way a student could be given additional leave time at no reduction in stipend level. Any such arrangement as mentioned in this paragraph is subject to approval of the unit head or his/her designee.