SETTLEMENT OF A CHARGE OF ACADEMIC DISHONESTY

NOTICE TO STUDENT

1. You are not required to sign this form.

2. If you do not sign this form, you have a right to a hearing before a neutral student-faculty panel before any disciplinary penalty may be imposed for the offense charged.

3. You have three school days to seek advice and decide whether to sign. You may discuss your decision with any person you choose.

4. If you do not sign this form or ask for a hearing within three school days, a hearing will be scheduled. You will be notified of this hearing at least five school days before it is scheduled. Failure to appear at this hearing will be construed as admission of guilt.

5. If you sign this form, you are admitting guilt and accepting the penalty shown.

6. If you sign, this form is kept on record for ten years or until you graduate and may be used in determining the penalty if you are convicted of or admit to another honor code offense. This settlement form is not disclosed to prospective employers or to other schools to which you may apply.

____________________________________________________

CHARGE OF ACADEMIC DISHONESTY

Instructor: I charge __________________________________________________________, with an
(student’s name) (Banner ID number)

Academic Honor Code violation, which occurred in my course, __________________________________________
(name of course)

course no. __________, during the ___________________________ semester/session, 20 _______

Please attach a brief description of the facts believed to constitute the violation; have student sign description.

If student admits guilt by signing this form, I will apply the following penalty only:

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

Signed _______________________________________________________________________________________

Date ____________________________________ Time _____________

(Instructor)

Student: I have read this entire settlement form carefully and understand its significance. I admit to committing the offense charged by the instructor, accepting the penalty assigned, and understand that this agreement will be kept in the offender’s file for ten years or until graduation.

Signed _______________________________________________________________________________________

Date ___________________________ Time _____________

(Student)