Honor Code Violation Report

1. Student Name: ______________________________ 2. Student ID#: _____________________

3. Instructor Name: ______________________________________________________________

4. Course Information:
   Department: ______  Number: ______  Section: _____  Semester: _______ Year: ______

5. Level of honor code violation (Check one): Minor _____  Major _____  Flagrant_____

6. Briefly describe the nature of the honor code violation

7. Briefly describe the agreed-upon penalty:

We, the undersigned, attest that this report accurately states both the nature of the honor code violation that occurred in this course and the penalty that we have agreed is appropriate for this violation.

(For the Instructor): I attest that I will not penalize the student for this infraction of the Code of Honor in any way other than that described above.

(For the Student): I hereby waive my right to an Honesty Committee hearing to adjudicate this case. I have seven calendar days from the date indicated next to my name within which to reconsider this waiver. If I do not, within those seven days, explicitly revoke this waiver by writing to the Associate Provost who co-chairs the University Code of Honor Committee, the waiver becomes permanent and irrevocable. I also affirm that, unless I revoke this agreement and am subsequently found by an Honesty Committee not to have violated the Code of Honor in this case, I will not at any point endeavor to withdraw from this course. I understand that if I am found responsible for a second violation of the Honor Code, the Associate Provost will assign a further penalty; the standard penalty for a repeated offense is dismissal from the university.

Student Signature: ______________________________ Date: ______________________

Instructor Signature: ______________________________ Date: ______________________

This report must be signed by the student and the instructor. Prepare three signed copies of the report and distribute them to the Associate Provost, Student, and Instructor.

Without delay, send an original copy to ‘Associate Provost – Honor Code,’ 300 Main Building. The Associate Provost will review the agreement within seven days.

Associate Provost Signature: ______________________________ Date: ______________________