Educational Outcome Report

***Note to Student:***

***•*** An Educational Outcome is neither a violation of the *Honor Code* nor an institutional

Action.

• An Educational Outcome is *not* reported externally by the University. It does not need

to be reported to any third party asking students to disclose Honor Code violations or institutional actions against them.

• An Educational Outcome, whether signed or unsigned by a student, is *not* sent to an

Honesty Committee, but is kept in a special file by the Associate Provost for Undergraduate Affairs.

• Accumulated Educational Outcomes for comparable circumstances may elicit further

action from the Associate Provost for Undergraduate Affairs.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Information:

Department: \_\_\_\_\_\_ Number: \_\_\_\_\_\_ Section: \_\_\_\_\_ Semester: \_\_\_\_\_\_\_ Year: \_\_\_\_\_\_

Briefly describe the nature of the incident giving rise to concern:

Briefly describe the agreed-upon educational plan:

We, the undersigned, attest that this report accurately states both the nature of the incident that occurred in this course and the educational plan that we have agreed is appropriate.

(For the Instructor): I attest that I will not penalize the student for this incident in any way, and that this Educational Outcome requires no additional action on the part of the student, other than that described above.

(For the Student): I agree to follow the educational plan outlined above.

We ask that this form be signed by the student and the faculty member.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three signed copies of this report should be prepared: one to be sent to the Associate Provost, a second to be given to the student, and one to be kept by the instructor.

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

Associate Provost’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_