Honor Code Violation Report

Note to Student:

• There is a mandatory 2-business day waiting period before you can sign this form.
• You can use this time to ask for information about Honor Code policies and procedures from the Advisory Resource Person in your College, or for advice from any other trusted source.
• The deadline to sign is the close of business on the seventh calendar day from today’s date.
• Today is __________, so the deadline to sign is the close of business on __________.
• If this HCVR is not signed by the seventh calendar day, this case will be referred to the appropriate College Honesty Committee.
• Please initial here to indicate that you understand this timeline. You are not admitting guilt or agreeing to the alleged violation by initialing: _____

Student Name: ______________________________   Student ID#: ____________________
Instructor Name: ______________________________________________________________
Course Information:  Department: ______ Number: ______ Section: _____ Semester: _______ Year: ______
Level of Honor Code violation (Check one): Minor _____ Major _____ Flagrant_____
Briefly describe the nature of the Honor Code violation:

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 Honor Code 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 understand that this agreement is permanent and irrevocable, and that I may 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, up to and including dismissal.

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’s Signature: __________________________ Date : __________________