

HONOR CODE VIOLATION REPORT

Note to Student:

- Today's date is _____.
 - There is a mandatory **two university business day waiting period** before you can sign this form. That is, you may not sign this form until the third university business day after today's date.
 - The deadline to sign is the close of business on the fifth university business day after today's date.
 - You can use this time to ask for information about Honor Code procedures from the Advisory Resource Person in your College or from the Office of Academic Standards (honor@nd.edu), or to seek advice from any other trusted source. You may not withdraw from the course during the waiting period or after signing the form.
 - If this HCVR is not signed by the fifth university business day, this case will be referred to the appropriate College/School Honor Code Committee for an investigation. **You may request a hearing to tell your side of the story at any time.**
 - Please initial here to indicate that you received this form on the date above. You are not admitting responsibility or agreeing to the alleged violation by initialing: _____
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Student Name: _____ Student ndID: _____

Instructor Name: _____

Course Information: Department: _____ Number: _____ Section: _____

Semester: _____ Year: _____

Level of Honor Code violation (Check one): Minor _____ Major _____ Flagrant _____
(For guidance, see section 4.4 of the Procedural Appendix at honorcode.nd.edu)

Briefly describe the Honor Code violation: (It is helpful, but not required, to add how the violation was discovered.)

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.

(continued)

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

Instructor Signature: _____ Date: _____

(For the Student): I agree to waive my right to a hearing to adjudicate this case. I understand that this agreement is permanent and irrevocable, and that **I may not at any point withdraw from this course.** I understand that if I am found responsible for a second violation of the Honor Code, the Director of Academic Standards will assign a further penalty, up to and including dismissal from the University.

Student Signature: _____ Date: _____

This report must be signed by the student and the instructor, and each should keep a copy.

Send the original to the Office of Academic Standards, 217 Main Building or to honor@nd.edu. The Director of Academic Standards will review the form within seven days of receiving it. Please do not impose the penalty until you receive a confirmation.