



Academic Dishonesty Notice

Student Name: _____

Student ID #: _____

Student Major Advisor: _____

Professor Name: _____

Course Number and Section: _____

Description of Violation (to be completed by professor):

PROCEDURE

Disciplinary action to be taken by professor:

The student may waive his or her due process right to a hearing by entering an admission of guilt and signing this document outlining disciplinary action. Two notations in the student's file indicating academic dishonesty will result in a student's immediate suspension from the College.

I agree to the charge of academic dishonesty and agree to accept disciplinary action as outlined above. (The professor is required to attach a copy of the student's work.)

Student Signature: _____ Date: _____

Professor: _____ Date: _____

VP for Academic Affairs: _____ Date: _____

I do not agree to the charge of academic dishonesty. I understand that by not signing the waiver, I will be charged with academic dishonesty and called before a panel of faculty members. (The professor is required to attach a copy of the student's work.)

Student Signature: _____ Date: _____

Professor: _____ Date: _____

VP for Academic Affairs: _____ Date: _____